2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006940

FILED Apr 30, 2008 Secretary of State

Entity Name: RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

881 STOCKTON ST

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

881 STOCKTON ST

JACKSONVILLE, FL 32204 US

FEI Number: 59-3479859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, TAMMY WILLIAMS, JOY 875 STOCKTON ST 881 STOCKTON ST

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOY WILLIAMS 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: VP () Delete Title: VP (X) Change () Addition

 Name:
 MAUREEN, SHARON
 Name:
 ALLEGRETTI, TONY

 Address:
 2137 OAK STREET 11
 Address:
 2852 SYDNEY ST

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32205 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BURNETT, ELAINE
 Name:
 SMITH, DARRELL

 Address:
 2616 GREEN ST
 Address:
 1512 TALBOT AVE

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32205 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

 Name:
 MERTEN, TOM
 Name:
 MERTEN, TOM

 Address:
 2804 POST STREET
 Address:
 2804 POST STREET

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P () Delete Title: P (X) Change () Addition

Name: DECKER, DOUG Name: DECKER, DOUG

Address: 2629 CLINTON CORNERS DR Address: 2629 CLINTON CORNERS DR City-St-Zip: JACKSONVILLE, FL 32222 US

Title: () Delete Title: ED () Change (X) Addition

 Name:
 Name:
 BOWLER, MATTHEW

 Address:
 Address:
 1429 IONIA ST

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32209 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW BOWLER ED 04/30/2008