2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000006940

Entity Name: RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC.

Current Principal Place of Business:

881 STOCKTON ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

881 STOCKTON ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, JOY
881 STOCKTON ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ALLEGRETTI, TONY
Address: 2852 SYDNEY ST
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: T ( ) Delete
Name: SMITH, DARRELL
Address: 1512 TALBOT AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S ( ) Delete
Name: MERTEN, TOM
Address: 2804 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P ( ) Delete
Name: DECKER, DOUG
Address: 2629 CLINTON CORNERS DR
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: ED ( ) Delete
Name: BOWLER, MATTHEW
Address: 1429 IONIA ST
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 03/20/2009

Electronic Signature of Signing Officer or Director — Date