

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729918

Entity Name: RIVERSIDE-AVONDALE PRESERVATION, INC.

Current Principal Place of Business:

2623 HERSCHEL STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2623 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

FEI Number: 59-6555835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, WARREN
2623 HERSCHEL STREET
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: WARREN JONES

04/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POWELL, NANCY
Address 2623 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name CARR, LAWSON
Address 2804 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER
Name SHELTON, BILL
Address 3205 ST. JOHNS AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name JARVIS, LAURIE
Address 412 EAST 5TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name BUSCH, JIM
Address 2136 FORBES STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name DIETRICH, TENLEY
Address 3218 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title CHAIRMAN
Name ANDREWS, BROOKS
Address 1332 BELVEDERE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name LUTHIN, MICHELE
Address 3030 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: WARREN JONES

EXECUTIVE DIRECTOR

04/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CROWE, THAD
Address 3670 ELOISE STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name SCHIFANELLA, ANGELA
Address 1352 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name BRIAN, BUSH
Address 2136 FORBES STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name ELIZABETH, LOFTIN
Address 3245 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name PARIANI, RICK
Address 1534 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title EXECUTIVE DIRECTOR
Name JONES, WARREN
Address 1355 CHALLEN AVE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name DAVID, CHAUNCEY
Address 4335 IRVINGTON AVENUE
City-State-Zip: JACKSONVILLE FL 32210