

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007949

**Entity Name:** DOUGLAS ANDERSON SCHOOL OF THE ARTS VOCAL BOOSTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2445 SAN DIEGO ROAD  
JACKSONVILLE, FL 32207-3699

**Current Mailing Address:**

2445 SAN DIEGO ROAD  
JACKSONVILLE, FL 32207-3699

**FEI Number:** 22-3877996

**Certificate of Status Desired:** No

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

CLAYTON, JEFFREY  
DOUGLAS ANDERSON SCHOOL OF ARTS  
2445 SAN DIEGO RD  
JACKSONVILLE, FL 32207 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MEADOWS, RHONDA  
Address        2445 SAN DIEGO ROAD  
City-State-Zip: JACKSONVILLE FL 32207-3699

Title           VP  
Name           TISEO, LIZ  
Address        2445 SAN DIEGO ROAD  
City-State-Zip: JACKSONVILLE FL

Title           PRESIDENT  
Name           MALO, ELISA  
Address        2445 SAN DIEGO ROAD  
City-State-Zip: JACKSONVILLE FL

Title           COMMUNICATIONS DIRECTOR  
Name           DOWDELL, VANESHA  
Address        2445 SAN DIEGO ROAD  
City-State-Zip: JACKSONVILLE FL

*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:** RHONDA MEADOWS

**TREASURER**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date