2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# N19756

Entity Name: THE RIVER AT LAKE CITY, INC.

Current Principal Place of Business:

1077 W US HWY 90
SUITE 110
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

PO BOX 2226
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2893228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAWLINS, JAMES L
RT 14 BOX 342-A1
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

RAWLINS, JAMES L
629 SW SEBASTIAN CIRCLE
LAKE CITY, FL 32024 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: _____ 03/29/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAWLINS, JAMES L
Address: RT 14 BOX 342-A1
City-St-Zip: LAKE CITY, FL 32024

Title: STD ( ) Delete
Name: RAWLINS, NEVA M
Address: RT 14 BOX 342-A1
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: WOLF, LINDA R
Address: RT 14 BOX 4091 LOT #6
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAWLINS, JAMES L
Address: 629 SW SEBASTIAN
City-St-Zip: LAKE CITY, FL 32024

Title: STD (X) Change ( ) Addition
Name: RAWLINS, NEVA M
Address: 629 SW SEBASTIAN
City-St-Zip: LAKE CITY, FL 32024

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES L RAWLINS PD 03/29/2004
Electronic Signature of Signing Officer or Director — Date