

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19756

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE RIVER AT LAKE CITY, INC.

Current Principal Place of Business:

127 NW ESCAMBIA AVE.
LAKE CITY, FL 32055

New Principal Place of Business:

629 SW SEBASTIAN CIRCLE
LAKE CITY, FL 32024

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
629 SW SEBASTIAN CIRCLE
LAKE CITY, FL 32024 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: PD () Delete
Name: RAWLINS, JAMES L
Address: 629 SW SEBASTIAN CIRCLE
City-St-Zip: LAKE CITY, FL 32024

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

Title: D () Delete
Name: WALLACE, MARGARET R
Address: 2680 SW WINDSONG CIRCLE #4 APT 202
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: WALLACE, PAUL
Address: 2680 SW WINDSONG CIRCLE #4 APT 202
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: ROSS, JC
Address: 2003 SW CR 252B
City-St-Zip: LAKE CITY, FL 32024 US

Title: D () Delete
Name: ROSS, VIRGINIA M
Address: 2003 SW CR 252B
City-St-Zip: LAKE CITY, FL 32024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WALLACE, MARGARET R
Address: 2680 SW WINDSONG CIRCLE #4 APT 108
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Change () Addition
Name: WALLACE, PAUL
Address: 2680 SW WINDSONG CIRCLE #4 APT 108
City-St-Zip: LAKE CITY, FL 32025

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: JAMES L. RAWLINS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date