2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 13, 2007 8:00 am Secretary of State

				Secretary of State	
1. Entity Nam	MENT # N15466 RIVER CLUB, INC.			08-13-2007 90019 050 ****61.25	
9745 LEM T	e of Business URNER ROAD .E, FL 32218	Mailing Address 9745 LEM TURNER ROAI JACKSONVILLE, FL 3221		45128851	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07162007 Chg-NP CR2E037 (12/06)	
City & Stat		City & State		4. FEI Number Applied For 51-0534803 Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
				7. Name and Address of New Registered Agent	
10564 CIT	OMAS E PRES. RUS LANE VILLE, FL 32218		Name Street Ad	idress (P.O. Box Number is Not Accentable)	
ية.			City	FL Zip Code	
8. The above	named entity submits this statement follows of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and according	ept
SIGNATURE					
				\$5.00 May Be Added to Fees Rorida Department of State	
10.	. OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ŤITLE	VP ,	Delete	777.0	77 - 2 17 - 17 - 17 - 17 - 17 - 17 - 17	
NAME	NEWMAN, LLOYD			PREDICTOR REChange Rectific	ition
STREET ADORESS	1	/ 2000.0	TITLE		tion
OTTLE TO DITEGE	I 8721 ADAMS AVE	<i>\rightarrow</i> 20000	NAME		ition
CITY-ST-ZIP	8721 ADAMS AVE. JACKSONVILLE, FL 32208	/ - 55.000		Thomas EBYRD 105 GY GYRAS LANE	ition
	JACKSONVILLE, FL 32208	,	NAME STREET ADDRESS CITY-ST-ZIP	Thomas EBYRD 105 GY CITRUS LANE JACKSON VILLE JL. 32218	_
CITY-ST-ZIP TITLE NAME	1 ' '	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	Thomas EBYRD 105 GY CITRUS LANE JACKSON VILLE JL. 32218	_
THE	JACKSONVILLE, FL 32208	,	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Thomas EBYRD 105 GY CITRUS LANE JACKSON VILLE JL. 32218	_
TITLE NAME	JACKSONVILLE, FL 32208 S RICHARDSON, JAMES	,	NAME STREET ADDRESS CITY - ST - ZIP	Thomas E.ByRD 10564 GHRAS LANE JACKSON VILLE JL. 32218 VOPRESIDENT Change MADE DAVID HOFF MAN 13810 Sutton PK. DR. N. API 415	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32208 S RICHARDSON, JAMES 10327 DENTON ROAD	□ Defete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas EBYRD 105 GY CITRUS LANE JACKSON VILLE JL. 32218 VOPRESIDENT Change PAdd DOVID HOFFMAN 13810 SUTTON PK. DR. N. APA 415 JACKSONVILLE JL. 32224	- ition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shalt 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGHPIG OFFICER OR DIRECTOR

7-16-09

904-334.6519

Daytime Phone