

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006260

Entity Name: RIVER CITY EDUCATION SERVICES, INC.**Current Principal Place of Business:**7565 BEACH BLVD
JACKSONVILLE, FL 32216**Current Mailing Address:**7565 BEACH BLVD
JACKSONVILLE, FL 32216**FEI Number:** 20-5773949**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALIK, ENES
10000 GATE PARKWAY NORTH
APT 1715
JACKSONVILLE, FL 32246 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	P
Name	CALIK, ENES
Address	10000 GATE PARKWAY NORTH APT 1715
City-State-Zip:	JACKSONVILLE FL 32246

Title	M
Name	BIRDAL, AHMET
Address	2423 RIDGE WILL DR
City-State-Zip:	JACKSONVILLE FL 32246

Title	EXD
Name	TOZOGLU, DOGAN
Address	7565 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	DORRIAN, ELIZABETH
Address	228 AUTUM SPRINGS DR
City-State-Zip:	JACKSONVILLE FL 32225

Title	M
Name	BOSWELL, TONYA
Address	929 VIRGINIA ST
City-State-Zip:	JACKSONVILLE FL 32208

Title	M
Name	AKTAS, ELVAN
Address	7565 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32216

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: DOGAN TOZOGLU**EXECUTIVE DIRECTOR****01/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date