# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# 710026

**Entity Name:** RIVERSIDE PRESBYTERIAN DAY SCHOOL, INC.

**Current Principal Place of Business:**

830 OAK ST
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

830 OAK ST
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number: 59-1111095** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SUTTON, JULIE
1135 BROOKWOOD ROAD
JACKSONVILLE, FL 32207 US

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

MONTGOMERY, JONATHAN
4274 MCGIRTS BOULEVARD
JACKSONVILLE, FL 32210 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: JONATHAN MONTGOMERY 03/19/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: TT ( ) Delete
Name: MONTGOMERY, JONATHAN
Address: 4274 MCGRITS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PT ( ) Delete
Name: SUTTON, JULIE M
Address: 1135 BROOKWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPT ( ) Delete
Name: WALTON, TERRY
Address: 1819 CHALLEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: ST ( ) Delete
Name: MCGEORGE, AMY
Address: 4225 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition
Name: MONTGOMERY, JONATHAN
Address: 4274 MCGRITS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TT (X) Change ( ) Addition
Name: EDGE, AUBREY
Address: 4605 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST (X) Change ( ) Addition
Name: WALTON, TERRY
Address: 1819 CHALLEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPT (X) Change ( ) Addition
Name: MCGEORGE, AMY
Address: 4225 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

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: JONATHAN MONTGOMERY PT 03/19/2009
Electronic Signature of Signing Officer or Director Date