2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 721766

1. Entity Name
RIVERSIDE TRADITION HOUSE, INC.

Principal Place of Business	Mailing Address
2911 RIVERSIDE AVE.	2911 RIVERSIDE AVE.
JACKSONVILLE, FL 32205	JACKSONVILLE, FL 32205

UUUJJLJT

01152006   No Chg-NP   CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1361948	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEIGH M
1846 MALLORY ST., #6
JACKSONVILLE, FL 32205

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Leigh M. Johnson _____ 4/21/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	STD
NAME	HUBBER, BETTINA
STREET ADDRESS	5214 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	COLEMAN, ANDREW B III
STREET ADDRESS	11017 LYDIA ESTATES DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	PD
NAME	HUBER, CLIFTON A
STREET ADDRESS	5214 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-06   (904) 384-1839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Clifton A Huber   Date   Daytime Phone #