## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SCAIFE, WILLIAM O

1415 WINDSOR PL.

HALL, JOHN JR

JACKSONVILLE FL 32205-7910

11381 KINGSLEY MANOR WAY

JACKSONVILLE FL 32225-1075

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## Mar 30, 2006 8:00 am Secretary of State **DOCUMENT # 739725** 03-30-2006 90032 038 \*\*\*\*70.00 1. Entity Name RIVERSIDE PARK METHODIST APARTMENTS, INC. Principal Place of Business Mailing Address 1021000 **750 OAK ST** JACKSONVILLE FL 32204-3338 JACKSONVILLE FL 32204-3338 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1997379 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STODDARD, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 3100 UNIVERSITY BLVD S SUITE 101 3100 BLDG JACKSONVILLE FL 32216 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME ALLEN, RUBEN NAME STREET ADDRESS 1903 WOODMERE DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210-2238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ALLEN, EARL J JR NAME 1445 RYAR RD STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP JACKSONVILLE FL 32216-2804 CITY-ST-7IP TITLE TIT! F Delete Addition **VPD** NAME LEVER, CHAUNCEY W NAME COOPER, BETTY 4233 DA VINCI AVE. STREET ADDRESS 9252 SAN JOSE BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP JACKSONVILLE, FL 32210-8410 TITLE ☐ Delete TITLE Change Addition NAME COOK, EMORY F JR NAME STREET ADDRESS 10430 E BIG TREE CIR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Change XX Addition TITLE ☐ Delete TITLE

**FILED** 

JACKSONVILLE, FL 32225-1429 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MATHEWS, FRANCES

3034 BEAUCLERC OAKS DR. S.

MIDDLETON, JR., GORDON

4611 MONUMENT POINT RD.

JACKSONVILLE, FL 32257-5608

☐ Change

★ Addition

904-725-8519 ALLEN JR