

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90230 043 \*\*\*\*61.25

**DOCUMENT # N01000006585**

1. Entity Name

RIVERSIDE LIONS HOLDING CORPORATION



Principal Place of Business

% JAX. RIVERSIDE/ARGYLE WEST LIONS CL  
4025 CONFEDERATE POINT RD.  
JACKSONVILLE FL 32210

Mailing Address

% JAX. RIVERSIDE/ARGYLE WEST LIONS CL  
4025 CONFEDERATE POINT RD.  
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6170026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVATORE, ANTHONY J  
1526 COPELAND ST  
JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME STUART, JOHN B  
STREET ADDRESS 10253 E BRIARCLIFF RD  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SALVATORE, ANTHONY J  
STREET ADDRESS 1526 COPELAND ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TTR ☒ Delete  
NAME SALVATORE, CHRISTINA L  
STREET ADDRESS 2827 HERSCHEL ST #2  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition  
NAME Andree, William C.  
STREET ADDRESS 4534 Summer Haven Blvd. S.  
CITY-ST-ZIP Jacksonville, FL 32258-1452

TITLE TR ☐ Delete  
NAME NAIL, ART  
STREET ADDRESS 1239 BELVEDERE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME SIMPSON, REBECCA B  
STREET ADDRESS 9541 WHITTINGTON DR  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Stuart

4/26/04

(904)757-1327

Date

Daytime Phone #