2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000009378

TI FILED
Dec 18, 2008
Secretary of State

Entity Name: RIVERSIDE CONSERVANCY AND TRUST INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4023 RIVERSIDE DRIVE PANAMA CITY, FL 32404 **Current Mailing Address: New Mailing Address:** 4023 RIVERSIDE DRIVE PANAMA CITY, FL 32404 FEI Number: 01-0850020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: APPLEMAN-MONIZ, CARLOTTA SILVA, JOSEPH JR 103 W. 5TH STREET 304 MAGNOLIA AVENUE PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 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: JOSEPH SILVA, JR. 12/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P,D () Delete () Change () Addition LEPAK, LINDA E Name: Name: 4023 RIVERSIDE DRIVE Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAYMON, JOHN J Name: Address: 4006 OAK FOREST DRIVE Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition TRAUTH, JERRY Name: Name: 4017 RIVERSIDE DRIVE Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition RECK, JULIA Name: Name: 4010 RIVERSIDE DRIVE Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition WALTERS, ROBIN Name: Name: 4000 RIVERSIDE DRIVE Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition CLINT, MIZELL Name: Name: Address: 4006 RIVERSIDE DRIVE Address: PANAMA CITY, FL 32404 City-St-Zip: City-St-Zip:

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: LINDA E. LEPAK PD 12/18/2008