

**2008 NOT-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006979

1. Entity Name
RIVER CITY OFFICE CENTER ASSOCIATION, INC.



Principal Place of Business

12058 SAN JOSE BLVD
SUITE 804
JACKSONVILLE, FL 32223

Mailing Address

12058 SAN JOSE BLVD
SUITE 804
JACKSONVILLE, FL 32223



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1455020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R. P
8777 SAN JOSE BLVD.,
BLDG A - STE 200
JACKSONVILLE, FL 32217

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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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANIFF, MICHAEL
STREET ADDRESS	12058 SAN JOSE BLVD., SUITE 804
CITY-STATE-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	COLANERO, PATRICIA
STREET ADDRESS	12058 SAN JOSE BLVD., SUITE 804
CITY-STATE-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	CRABTREE, R R
STREET ADDRESS	8777 SAN JOSE BLVD, BLDG A, STE 200
CITY-STATE-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000930096
05/21/08-80094-023 61.25

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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 filers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone