

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

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 006 ****70.00

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1. Entity Name

THE RIES FOUNDATION, INC.



Principal Place of Business

2120 JAMMES ROAD
JACKSONVILLE FL 32210

Mailing Address

2120 JAMMES ROAD
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

42-1643951

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

HAYES, DENNIS E ESDQ.
2320 THE WOODS DRIVE WEST
JACKSONVILLE FL 32246

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, 2006

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

TITLE PD ☐ Delete
NAME KIRKLAND, DEBORAH
STREET ADDRESS 2120 JAMMES ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE S ☐ Delete
NAME GADEN, DARLENE
STREET ADDRESS 3203 AMY'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE T ☐ Delete
NAME KIRKLAND, TULLIS C
STREET ADDRESS 2120 JAMMES ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete
NAME O'BRIEN, JOHN
STREET ADDRESS 751 JACKSON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☒ Delete
NAME FRANKE, FRED
STREET ADDRESS 5811 JIM TOM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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.

SIGNATURE: *Tullis C. Kirkland* Tullis C. Kirkland

3/26/06 204-281-7674