

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000008414**

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



02242007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000696889  
04/18/07-80017-012 70.00

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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 like empowered.

**SIGNATURE:**

*Tullis C Kirkland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07  
Date

904-781-2674  
Daytime Phone #