

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

08 JUL 11 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 No Chg-NP

CR2E037 (4/06)

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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

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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 September 12, 2008

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

03/06/08 90037 041 \$70.00

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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 Tullis C. Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08

904-781-7674

Daytime Phone #