N0400009986

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	<u> </u>	



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12/27/04--01060--006 **35.00



Office Use Only

Volde Gyas



Riverside Bank

9301 North A-1-A, Suite 202 Vero Beach, Florida 32963 Telephone: 772-388-3082

Fax: 772-388-2955 Email: alan.polackwich@riversidenb.com

December 22, 2004

Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, Florida 32314

RE: Riverside Cares Foundation, Inc. - Dissolution

Document No: N04000008986

Dear Sir/Madam:

Enclosed for filing with your office are:

- 1. Original Articles of Dissolution, dated December 13, 2004; and
- 2. Cashier's check in the amount of \$35, representing your filing fee.

Please process accordingly.

Thank you.

Very truly yours

Alan S. Polackwich, 8f.

EVP - General Counsel

ASP:LAC





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 4, 2005

ALAN S. POLACKWICH, SR. RIVERSIDE BANK 9301 NORTH A-1-A, SUITE 202 VERO BEACH, FL 32963

SUBJECT: RIVERSIDE CARES FOUNDATION, INC.

Ref. Number: N04000008986

We have received your document for RIVERSIDE CARES FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF THE ABOVE CORPORATION DID COMMENCE TO CONDUCT ITS AFFAIRS, THE FORM SUBMITTED IS NOT APPROPRIATE. PLEASE COMPLETE THE DISSOLUTION ADHERING TO 617.1403 (ENCLOSED)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist

Letter Number: 605A00000487

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RECEIVED
JAN 1 0 2005

BY:

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is RIVERSIDE CARES FOUNDATION, INC.
SECOND: Adoption of dissolution (Complete Section I or II)
SECTION I If the corporation has members entitled to vote:
The date of the meeting of members at which the resolution to dissolve was adopted
(CHECK ONE)
(CHECK ONE) The number of votes cast for dissolution was sufficient for approval.
The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.
SECTION II If the corporation has no members or members with voting rights:
The corporation has no members or members with voting rights.
The date of adoption of the resolution by the board of directors was <u>December 13, 2004</u>
The number of directors in office was four (4) and the vote for the resolution
was four (4) for and zero (0) against.
Signed this
ALAN S. POLACKWICH, SR. (Typed or printed name) DIRECTOR / VICE PRESIDENT (Title)