FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07513 (7)

1. Corporation Name
THE RIVER REGION FOUNDATION, INC.

Principal Place of Business	Mailing Address
330 W. STATE STREET JACKSONVILLE FL 32202-4042	330 W. STATE STREET JACKSONVILLE FL 32202-4042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2539828 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUSS, ROBERT V.
112 WEST ADAMS ST., SUITE #1402
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HAFER, RUFUS	12 NAME	WILLIAM M. WHITE
STREET ADDRESS	4356 VERONA AVE.	13 STREET ADDRESS	1705 PLANTATION OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	WOLFSON, JAY	22 NAME	
STREET ADDRESS	1007 SEABREEZE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ALLRED, BARRY	32 NAME	
STREET ADDRESS	4501 BEVERLY AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DUSS, ROBERT V	42 NAME	
STREET ADDRESS	112 W. ADAMS STREET	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	44 CITY-ST-ZIP	
TITLE	PED	51 TITLE	☐ Change ☐ Addition
NAME	BILLUPS, ROBERT	52 NAME	
STREET ADDRESS	12401 AUTUMN BREEZE TR.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: Robert V. Duss 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

0001284

River Region Human Services

330 West State Street • Jacksonville, Florida 32202 • 904-359-6571 • SC/826-6571

April 27, 1995

Division of Corporations
Annual Reports Section
Po Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam,

Enclosed is our report forms for the current year.

We are requesting a Certificate of Status. Please be certain that this cerificate clearly states that we are a NONPROFIT corpration.

Sincerely yours,

Jim Bockskopf
Comptroller