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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N07513 (7)

1. Corporation Name

THE RIVER REGION FOUNDATION, INC.

Principal Place of Business

Mailing Address

660 PARK STREET
JACKSONVILLE FL 32204
US

660 PARK STREET
JACKSONVILLE FL 32204-2933
US



3. Date Incorporated or Qualified
02/06/1985

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME WHITE, WILLIAM M
STREET ADDRESS 1705 PLANTATION OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME ROBERT L. BILLUPS
1.3 STREET ADDRESS 12401 AUTUMN BREEZE TR.W.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VP ☐ DELETE
NAME WOLFSON, JAY
STREET ADDRESS 1007 SEABREEZE
CITY-ST-ZIP JACKSONVILLE BCH. FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME ALLRED, BARRY
STREET ADDRESS 4501 BEVERLY AVENUE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME MARK GRIFFIN
3.3 STREET ADDRESS 7820 ARLINGTON EXPRESSWAY
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE SD ☐ DELETE
NAME DUSS, ROBERT V
STREET ADDRESS 112 W. ADAMS STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PED ☒ DELETE
NAME BILLUPS, ROBERT
STREET ADDRESS 12401 AUTUMN BREEZE TR.
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE PED ☒ Change ☐ Addition
5.2 NAME BARRY A. WHILDEN
5.3 STREET ADDRESS 1644 EMERSON STREET
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32247-5268

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 1-1597
ROBERT V. DUSS SECRETARY

(904) 355-0668
Daytime Phone 0004348

CR2E037 (9/96)