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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07513** (7)

1. Corporation Name
THE RIVER REGION FOUNDATION, INC.

Principal Place of Business 660 PARK STREET JACKSONVILLE FL 32204 US	Mailing Address 660 PARK STREET JACKSONVILLE FL 32204 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip, Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip, Country 29
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3. Date Incorporated or Qualified 02/06/1985
4. FEI Number 59-2539828
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WHITE, WILLIAM M
STREET ADDRESS	1705 PLANTATION OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	WOLFSON, JAY
STREET ADDRESS	1007 SEABREEZE
CITY-ST-ZIP	JACKSONVILLE BCH. FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ALLRED, BARRY
STREET ADDRESS	4501 BEVERLY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DUSS, ROBERT V
STREET ADDRESS	112 W. ADAMS STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	PED <input checked="" type="checkbox"/> DELETE
NAME	BILLUPS, ROBERT
STREET ADDRESS	12401 AUTUMN BREEZE TR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHILDEN, BARRY A.
1.3 STREET ADDRESS	PO BOX 41490 N/A
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32203
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HATFIELD, RICHARD
5.3 STREET ADDRESS	12930 JUNIPER HILLS CIR. S.
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

ROBERT V. DUSS SECRETARY

1/15/98

904 355-0668
Daytime Phone # 000430

CR2E037 (10/97)