

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90007 015 \*\*\*\*61.25

**DOCUMENT # N07513**



1. Entity 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**

**54007136**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2539828**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMS, DERYA E  
660 PARK STREET  
JACKSONVILLE, FL 32204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ALLRED, BARRY  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DUSS, ROBERT V  
1050 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCALL, L. E  
660 PARK STREET  
JACKSONVILLE, FL 32204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WHILDEN, BARRY  
219 NEWMAN STREET P.O. BOX 41490  
JACKSONVILLE, FL 32203** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04

899-6300-204

*Attachment*

www.sunbiz.org

## Division of Corporations

## Annual Report

54007136

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Document Number

N07513

Business Entity Name

THE RIVER REGION FOUNDATION, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title D  
Name (Last, First, Middle, Title) WILLIAMS DERYA E  
-or- Entity Name  
Street Address 660 PARK STREET  
City, State JACKSONVILLE, FL  
Zip Code & Country 32204

Title TD  
Name (Last, First, Middle, Title) CRAFT CINDY  
-or- Entity Name  
Street Address 5210 BEL FORT RD, STE 140  
City, State JACKSONVILLE, FL  
Zip Code & Country 32256

Title SD  
Name (Last, First, Middle, Title) DUSS ROBERT V  
-or- Entity Name  
Street Address 1050 RIVERSIDE AVENUE  
City, State JACKSONVILLE, FL  
Zip Code & Country 32204

Title D  
Name (Last, First, Middle, Title) MCCALL L E  
-or- Entity Name  
Street Address 660 PARK STREET