

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07513

FILED
Jan 31, 2005
Secretary of State

Entity Name: THE RIVER REGION FOUNDATION, INC.

Current Principal Place of Business:

660 PARK STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

660 PARK STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2539828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DERYA E
Address: 660 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: ALLRED, BARRY
Address: 4501 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: DUSS, ROBERT V
Address: 1050 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MCCALL, L. E
Address: 660 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P () Delete
Name: WHILDEN, BARRY
Address: 219 NEWMAN STREET P.O. BOX 41490
City-St-Zip: JACKSONVILLE, FL 32203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HENDERSON, BOYD
Address: 4455 GOODBYS HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED MCCALL

MR

01/31/2005

Electronic Signature of Signing Officer or Director

Date