2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07513

FILED Jan 08, 2008 Secretary of State

Entity Name: THE RIVER REGION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

660 PARK STREET 2055 REYKO ROAD

JACKSONVILLE, FL 32204 US SUITE 101

JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

660 PARK STREET 2055 REYKO ROAD, SUITE 101

C/O ED MCCALL C/O ED MCCALL

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32207 U

FEI Number: 59-2539828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition

 Name:
 WILLIAMS, DERYA E
 Name:
 WILLIAMS, DERYA E

 Address:
 660 PARK STREET
 Address:
 2055 REYKO ROAD, SUITE 101

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: TD () Delete Title: SD (X) Change () Addition

Name: HENDERSON, BOYD Name: HENDERSON, M F
Address: 4455 GOODBYS HIDEAWAY DR N Address: 4455 GOODBYS HIDEWAY DRIVE, NORTH

City-St-Zip: JACKSONVILLE, FL 32217 Address: 4495 GOODB15 HIDEVVA1 DRIVE, NOR

Title: SD () Delete Title: VP (X) Change () Addition

 Name:
 HATFIELD, RICH
 Name:
 FULLWOOD, FAYE

 Address:
 3327 HALEY POINT RD.
 Address:
 2345 LUANA DRIVE, EAST

 City-St-Zip:
 JACKSONVILLE, FL 32084
 City-St-Zip:
 JACKSONVILL, FL 32246

Title: D () Delete Title: TR (X) Change () Addition
Name: MCCALL, LUTHER E
Address: 660 PARK STREET Name: MCCALL, LUTHER E
Address: 2055 REYKO ROAD, SUITE 101

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32207

 Title:
 P (X) Delete
 Title:
 () Change () Addition

 Name:
 FULLWOOD, KAY
 Name:

 Address:
 2345 LUANA DRIVE EAST
 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: ED MCCALL TREA 01/08/2008