2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000002626

Entity Name: RIVERHILLS FOUNDATION, INC.

Current Principal Place of Business:

6310 E SLIGH AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

6310 E SLIGH AVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 26-2377130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, DAVID
6310 E SLIGH AVE
TAMPA, FL 33617 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: DIR. ( ) Delete
Name: GONZALEZ, BENNY
Address: 8218 NATURE COVE WAY
City-St-Zip: TAMPA, FL 33647

Title: DIR. ( ) Delete
Name: SIMMONS, J. D. PASTOR
Address: 6310 E SLIGH AVE
City-St-Zip: TAMPA, FL 33617

Title: DIR. ( ) Delete
Name: LEIVA, TRANSITO
Address: 28938 LONG MEADOW LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DIR. ( ) Delete
Name: DAVIS, ART
Address: 30922 PROUT COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DIR. ( ) Delete
Name: RODRIGUEZ, ANGEL
Address: 11119 INDIAN OAKS DR.
City-St-Zip: TAMPA, FL 33625

Title: DIR. ( ) Delete
Name: SINK, VINCE
Address: 35602 MOCCASIN PATH
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: BENNY GONZALEZ DIR. 04/29/2009

Electronic Signature of Signing Officer or Director — Date