

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011552

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** RIVERWAY SOUTH - APALACHICOLA, INC.

**Current Principal Place of Business:**

20776 CENTRAL AVENUE EAST  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

20776 CENTRAL AVENUE EAST  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

**FEI Number:** 27-1516833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ANDY  
232B WATER STREET  
APALACHICOLA, FL 32320 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  
Name: BALLISTER, BRUCE  
Address: 20776 CENTRAL AVENUE EAST  
City-St-Zip: APALACHICOLA, FL 32424

Title: P/D  
Name: HIRT, HOMER  
Address: PO BOX 506  
City-St-Zip: SNEADS, FL 32460

Title: VP/D  
Name: SMITH, ANDY  
Address: PO BOX 8  
City-St-Zip: APALACHICOLA, FL 32329

Title: S/D  
Name: SPARKS, ELIZABETH  
Address: 620 SOUTH MEREDIAN STREET  
City-St-Zip: TALLAHASSEE, FL 32399

Title: T/D  
Name: LOPEZ, HEATHER  
Address: PO BOX 450  
City-St-Zip: CHIPLEY, FL 32460

Title: D  
Name: THORTON, JOHN  
Address: PO BOX 37  
City-St-Zip: BONIFAY, FL 32425

I hereby 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 all other like empowered.

SIGNATURE: ANDY SMITH

VP/D

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date