FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:08

DOCUMENT # **N16625** **(8)**

1. Corporation Name

RIVER CENTRE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
336 S. WASHINGTON AVE. TITUSVILLE FL 32796 US	P.O. BOX 6026 TITUSVILLE FL 32782 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-2616342 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 104 Julia ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Titusville FL	City & State 28
Zip 24 32796	Zip 29
County 25 Brevard	Country 30

9. Name and Address of Current Registered Agent

SIGMON, PATRICIA D.
104 JULIA ST
P O BOX 6026
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: Jean Seiffert
82 Street Address (P.O. Box Number is Not Acceptable): 104 Julia Street
83: P O Box 6026
84 City: Titusville **FL** 85 Zip Code: 32782

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jean Seiffert, Executive Director — 4/20/95
(Type or print name of registered agent) (Signature of registered agent) (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SMITH, ROBERT	12 NAME	Kerry Kennedy	132
STREET ADDRESS	1231 GARDEN ST.	13 STREET ADDRESS	PO Box 6524, 21 E. Main ST (32796)	
CITY ST ZIP	TITUSVILLE FL	14 CITY ST ZIP	Titusville FL 32782	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	KENNEDY, KERRY	22 NAME	Dixie Reedy	
STREET ADDRESS	P. O. BOX 6524	23 STREET ADDRESS	342 S Washington AV	130
CITY ST ZIP	TITUSVILLE FL	24 CITY ST ZIP	Titusville FL 32796	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	SLINING, KAREN	32 NAME	same	
STREET ADDRESS	311 S. WASHINGTON AVE.	33 STREET ADDRESS		133
CITY ST ZIP	TUTUSVILLE FL	34 CITY ST ZIP		
TITLE	DT	41 TITLE	T/D	☒ Change ☐ Addition
NAME	FLAGG, JAMES R.	42 NAME	Lorene Shafer	
STREET ADDRESS	106 JULIA ST.	43 STREET ADDRESS	1516 Wakefield Terrace	134
CITY ST ZIP	TITUSVILLE FL	44 CITY ST ZIP	Titusville FL 32796	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	THAMERT, JOE	52 NAME	Richard Miller	
STREET ADDRESS	337 S. WASHINGTON AVE.	53 STREET ADDRESS	307 Palmetto ST	135
CITY ST ZIP	TITUSVILLE FL	54 CITY ST ZIP	Titusville FL 32796	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	REEDY, DIXIE	62 NAME	James H. Burke II	
STREET ADDRESS	342 S. WASHINGTON AVE.	63 STREET ADDRESS	1629 Rice AV	131
CITY ST ZIP	TITUSVILLE FL	64 CITY ST ZIP	Titusville FL 32796	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorene L Shafer — Lorene Shafer, Treasurer — 4/20/95 — (407) 269-7363
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0032668