

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26882 (3)

1. Corporation Name

THE RIVER CLUB OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

C/O MARK JOHNSON
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

C/O MARK JOHNSON
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified
06/09/1988

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FBI Number
59-0754058

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, MARK A.
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202

81 Name
JOHN BERARDI

82 Street Address (P.O. Box Number is Not Acceptable)
8343 PRINCETON SQUARE BLVD. EAST #1515

83

84 City
JACKSONVILLE

85 Zip Code
FL 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John Berardi
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

T BAKER, JOHN D II
PO 4667 N/A (15SE 21ST STREET)
JACKSONVILLE FL

D HICKS, DAVID M
4705 ORTEGA BLVD.
JACKSONVILLE FL

NEWTON, RUSSELL B JR.
2811 HOLLY PT RD, E.
ORANGE PK FL

VP BALL, WILLIS M III
50 NORTH LAURA STREET
JACKSONVILLE FL

D STEIN, JAY
1200 GULF LIFE DR
JACKSONVILLE FL

D MIDDLETON, DAVID J.
50 N LAURA ST, STE 3700
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT
1.2 NAME EDWARD W. LANE, III
1.3 STREET ADDRESS 1735 BEACH AVENUE
1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

2.1 TITLE SECRETARY
2.2 NAME THOMAS A. GLOVER
2.3 STREET ADDRESS 1866 MONTGOMERY PLACE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205

3.1 TITLE DIRECTOR
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PRESIDENT
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DIRECTOR
6.2 NAME 4655 APACHE AVENUE
6.3 STREET ADDRESS JACKSONVILLE, FLORIDA 32210
6.4 CITY-ST-ZIP ***CHARLES R. GLASHEEN

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)(k), 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:

Russell B Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

904-358-8695

Daytime Phone #

CR2E037 (12/95)