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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N33827 (9)

1. Corporation Name  
CORNERSTONE/RIVERSIDE, INC.



Principal Place of Business: 849 PARK STREET JACKSONVILLE FL 32204  
Mailing Address: 849 PARK STREET JACKSONVILLE FL 32204-3322

3. Date Incorporated or Qualified: 08/22/1989  
3a. Date of Last Report: 04/11/1996  
4. FEI Number: 59-2964799  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
SCHEU, WILLIAM E.  
200 WEST FORSYTH ST.  
SUITE 1600  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	TPD	<input checked="" type="checkbox"/> DELETE
NAME	OVERLY, ROBERT, III	
STREET ADDRESS	1456 EDGEWOOD CIR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	<del>TPD</del> VDS	<input type="checkbox"/> DELETE
NAME	SCHEU, WILLIAM E.	
STREET ADDRESS	4333 VENETIA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TTD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, WADDELL A., III	
STREET ADDRESS	1630 GERALDINE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fallin, Ben	
1.3 STREET ADDRESS	100 Edgewood Ave.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ibach, John	
2.3 STREET ADDRESS	904 Greenridge Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hehn, Roger M.	
3.3 STREET ADDRESS	3011 St. Johns Ave.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32205	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hewitt, Carlisle	
4.3 STREET ADDRESS	304 Ocean Dr., Briarcliff Acres	
4.4 CITY-ST-ZIP	Myrtle Beach, SC 29572	
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ward, Donald G.	
5.3 STREET ADDRESS	5081 Ortega Forest Dr.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
6.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Collier, H. Davis	
6.3 STREET ADDRESS	4256 Robin Hood Rd.	
6.4 CITY-ST-ZIP	Jacksonville, FL 32210	

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED)  
2/3/97 904/398-3911

CR2E037 (9/96)