FILE NOW: FILING E IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33827

(9)

CORNERSTONE/RIVERSIDE, INC.

Principal Place	e of Business	Mailing Address			
M9 PARK STREET IACKSONVILLE FL 32204		849 PARK STREET JACKSONVILLE FL 32204-3322	849 PARK STREET Jacksonville Fl 32204-3322		
				<ol> <li>Date Incorporated or Qualified 08/22/1989</li> </ol>	3a. Date of Last Report 04/11/1996
<del></del> 1		2a. Mailing Address		4. FEI Number 59-2964799	. Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	<del>}</del> 1		\$8.75 Additional Fee Required
City & State		City & State	— ·		\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25		Country 30	8. This corporation has liability for i	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
Scheu, William E. 200 West Forsyth St.				Address (P.O. Box Number is Not Acceptab	ole)
SUITE 160	_ •		83		
JACKSON	MLLE FL 32202		64 City	<del></del>	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	es. the above-named	corporation submits this statement for the p	ournose of changing its registered
othce or r	registered agent, or both, in the Sta familiar with, and accept the obl	ata of Etorida. Suich changa was ai	uthorized by the corn	poration's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	And the property of the second second	iganoro on ovonen o missos, i.e.	nod oldiolos.		$M = (e^{-i\omega_{XY}},$
	ped or printed name of registered s	agent and title if applicable (NOTE	: Registered Agent signature	required when reinstating)	1
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	TPD	DELETE	1.1 TITLE	DV	☐ Change ☐ Addition
NAME OTDEST LDOGGO	OVERLY, ROBERT, III 1456 EDGEWOOD CIR.	, ,	1.2 NAME	Fallin, Ben	( `
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET ADDRESS	100 Edgewood Ave. Jacksonville, FL 322	n E
CITY-ST-ZIP	TVD VDS	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	SCHEU, WILLIAM E.		2.1 TITLE 2.2 NAME	D Ibach, John	Li bildingo Lipi Addition
STREET ADDRESS	4333 VENETIA BLVD.		2 3 STREET ADDRESS	904 Greenridge Rd.	•
CITY-ST-ZIP	JACKSONVILLE FL	<b>\</b>	2.4 CITY-ST-ZIP	Jacksonville, FL 32	207
TITLE	TTD	DELETE		D	☐ Change ☐ Addition
NAME	WALLACE, WADDELL A., III	/ `	3.2 NAME	Hehn, Roger M.	$\sim$
STREET ADDRESS	1630 GERALDINE DR.		3.3 STREET ADDRESS	RALL St Johns Ave.	_
CITY - ST - ZIP	JACKSONVILLE FL		3.4. CHY-ST-ZIP	Jacksonville, FL 32	
TITLE		☐ DELETE	1 :	D	Change Addition
NAME			4. 2 NAME	Hewith, Carlisle	• &
STREET ADDRESS			4.3 STREET ADDRESS	304 Ocean Dr., Brian	CHT ALIES
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY-ST-ZIP	Myrtle Beach, SC 2	The Transition
NAME		L. Perse	5.1 TITLE 5.2 NAME	DP Ward, Donald G.	LI Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	5081 Ortega Forest Dr.	,
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		DELETE	6.1 TITLE	VØ	Change Addition
NAME			6.2 NAME	Collier H. Davis	
STREET ADDRESS			6.3 STREET ADDRESS	4256 Robin Hood, Kd.	
CITY-ST-ZiP			6.4 CITY - ST - ZIP	Jacksonville, FL 3221	10
14. I do hereb		The state of the s		**************************************	
	by certify that the information supplied indicated on this annual report of	lied with this filing does not qualify	/ for the exemption st	tated in Section 119.07(3)(i), Florida Statuter that my signature shall have the same lega	s. I further certify that the

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

2/3/97 904/398-391

**FILED** 

Feb 07 1997 8:00am

Secretary of State