

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 # **N34311** (3)

1. Corporation Name

RIVERSIDE RENAISSANCE, INC.



Principal Place of Business

Mailing Address

C/O J. CLIFTON COX
P O BOX 1330
FORT LAUDERDALE FL 33302

C/O J. CLIFTON COX
P O BOX 1330
FORT LAUDERDALE FL 33302

3. Date Incorporated or Qualified
09/22/1989

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0175097

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

COX, J. CLIFTON
4875 N. FEDERAL HIGHWAY
SAVINGS OF AMERICA BLDG., 10TH FLOOR
FORT LAUDERDALE FL 33308

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **COLE, R. JEFFREY**
STREET ADDRESS **800 S.W. 14TH TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D/PRESIDENT ☐ Change ☒ Addition
SHARON BOGARD
1609 SW 5 CT
FT. LAUDERDALE, FL 33312

TITLE **TD** ☐ DELETE

NAME **FELD, LINDA**
STREET ADDRESS **811 S.W. 12TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D/SEC. PATRICIA ROBE LIN ☐ Change ☒ Addition
717 SW 14 AVE
FT. LAUDERDALE, FL 33312

TITLE **D** ☐ DELETE

NAME **ANDREW, TOM**
STREET ADDRESS **717 S.W. 14TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **ADASCHIK, ALAN**
STREET ADDRESS **1728 S.W. 5TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **ADASCHIK, GAYLE**
STREET ADDRESS **1728 S.W. 5TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SASS, ANDREA**
STREET ADDRESS **1418 S.W. 10TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Linda Feld **LINDA FELD** **4/20/96** **(954) 761-5005**

CR2E037 (12/95)