

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED AND FILED
95 APR -7 PM 3: 55
STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # *N42317*
1. Corporation Name
RIVERSIDE FOUNDATION, INC.

Principal Place of Business Mailing Address
Same **2033 Riverside Avenue
Jacksonville, Florida 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **2/27/91** 3a. Date of Last Report **1994**
4. FEI Number **59-3057267** 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 **Same** 2b **Same**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**Tousey, Clay B., Jr.
2600 Independent Square
Jacksonville, FL 32202**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Cone, Fred M., Jr.
STREET ADDRESS	225 Water Street, #1235
CITY - ST - ZIP	Jacksonville, FL
TITLE	V/P/D
NAME	Williams, Charles J. III
STREET ADDRESS	803 N. Myrtle Ave.
CITY - ST - ZIP	Jacksonville, FL
TITLE	S/T/D
NAME	Walton, William Jr.
STREET ADDRESS	8081 Phillips Highway, #14
CITY - ST - ZIP	Jacksonville, FL
TITLE	A/S
NAME	Zile, Sharon R.
STREET ADDRESS	2033 Riverside Avenue
CITY - ST - ZIP	Jacksonville, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200001452652
1.3 STREET ADDRESS	-04/10/95--01105--014
1.4 CITY - ST - ZIP	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 authorized 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: *Fred M. Cone, Jr.* **Fred M. Cone, Jr.** *2/21/95* (904) 355-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AW 4-7-95