

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N42317 (0)**  
 1. Corporation Name  
**RIVERSIDE FOUNDATION, INC.**



Principal Place of Business: 2033 RIVERSIDE AVE. JACKSONVILLE FL 32204  
 Mailing Address: 2033 RIVERSIDE AVE. JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 02/27/1991  
 3a. Date of Last Report: 04/07/1995

2. Principal Place of Business: 21 1800 Barrs Street, Administration-SVMC, Jacksonville, FL 32203  
 2a. Mailing Address: 26 P.O. Box 2982, Administration, Jacksonville, Florida 32203  
 23. City & State: Jacksonville, FL 32203  
 28. City & State: Jacksonville, Florida  
 24. Zip: 32203, Country: USA  
 25. Zip: 32203, Country: USA

4. FEI Number: 59-3057267  
 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  
 TOUSEY, CLAY B., JR.  
 2600 INDEPENDENT SQUARE  
 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  
 85 Zip Code: FL

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: PD	NAME: CONE, FRED M JR	1.1 TITLE: PD	1.2 NAME: Charles J. Williams III
STREET ADDRESS: 225 WATER STREET, SUITE 1235	CITY-ST-ZIP: JACKSONVILLE FL 32210	1.3 STREET ADDRESS: 803 N. Myrtle Avenue	1.4 CITY-ST-ZIP: Jacksonville, FL 32209
TITLE: VPD	NAME: WILLIAMS, CHARLES J III	2.1 TITLE: VPD	2.2 NAME: Arch W. Cassidy
STREET ADDRESS: 803 MYRTLE AVE.	CITY-ST-ZIP: JACKSONVILLE FL 32204	2.3 STREET ADDRESS: 50 N. Laura St., Suite 2175	2.4 CITY-ST-ZIP: Jacksonville, FL 32202
TITLE: STD	NAME: WALTON, WILLIAMM JR	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 8081 PHILLIPS HWY., SUITE 14	CITY-ST-ZIP: JACKSONVILLE FL 32203	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: AS	NAME: ZILE, SHARON R	4.1 TITLE: AS	4.2 NAME: Anna K. Moore
STREET ADDRESS: 2033 RIVERSIDE AVE.	CITY-ST-ZIP: JACKSONVILLE FL 32208	4.3 STREET ADDRESS: 1800 Barrs Street - Administration	4.4 CITY-ST-ZIP: Jacksonville, FL 32203
TITLE: D	NAME: SINCLAIR, SYLVIA F	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 4222 ORTGEA PLACE Y	CITY-ST-ZIP: JACKSONVILLE FL 32210	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: BUCHANAN, JOHN D	6.1 TITLE: D	6.2 NAME: Fred M. Cone, Jr.
STREET ADDRESS: 7847 POCITA COURT	CITY-ST-ZIP: JACKSONVILLE FL 32216	6.3 STREET ADDRESS: 225 Water St., Suite 1235	6.4 CITY-ST-ZIP: Jacksonville, FL 32210

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: *Charles J. Williams III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 6-12-96  
 Daytime Phone #: 904-356-5881

CR2E037 (3/96)