

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

97 DEC -1 AM 11:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N42317**

1. Corporation Name

**RIVERSIDE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1800 BARRS STREET  
 ADMINISTRATION-SVMC  
 JACKSONVILLE FL 32203  
 US

P.O. BOX 2982  
 ADMINISTRATION  
 JACKSONVILLE FL 32203  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 97**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3057267

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
BD D	WILLIAMS, CHARLES J III	803 N. MYRTLE AVENUE	JACKSONVILLE FL
VPD	CASSIDY, ARCH W	50 N. LAURA ST., SUITE 2175	JACKSONVILLE FL
STD	WALTON, WILLIAMM JR	8081 PHILLIPS HWY., SUITE 14	JACKSONVILLE FL 32203
AS	<del>MOORE, ANNA K</del> WERKING, Helen	1800 BARRS STREET - ADMINISTRATI	JACKSONVILLE FL
D	SINCLAIR, SYLVIA F	4222 ORTGEA PLACE Y	JACKSONVILLE FL 32210
D PD	CONE, FRED M JR Atsey, George E Jr	225 WATER ST., SUITE 1235 3575 St. Johns Ave	JACKSONVILLE FL Jacksonville, Fla

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOUSEY, CLAY B., JR.  
 2800 INDEPENDENT SQUARE  
 JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Numbers Not Applicable)

5000000004835-0  
 -12/05/97--01113--001

Suite, Apt. #, Etc.

\*\*\*236.25 \*\*\*236.25

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*George A. Atsey*

REGISTERED AGENT MUST SIGN

Date

11/7/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George A. Atsey*  
 GEORGE A. ATSEY TO

Date

11/7/97

Daytime Phone #

CR2E040 (8/97)