

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42317 (0)**  
1. Corporation Name  
**RIVERSIDE FOUNDATION, INC.**



Principal Place of Business <b>1800 BARRS STREET ADMINISTRATION-SVMC JACKSONVILLE FL 32203 US</b>	Mailing Address <b>P.O. BOX 2982 ADMINISTRATION JACKSONVILLE FL 32203 US</b>
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3. Date Incorporated or Qualified <b>02/27/1991</b>	
4. FEI Number <b>59-3057267</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>WILLIAMS, CHARLES J III</b> 803 N. MYRTLE AVENUE JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>VPD</b>	<b>CASSIDY, ARCH W</b> 50 N. LAURA ST., SUITE 2175 JACKSONVILLE FL	<input type="checkbox"/> DELETE	
TITLE <b>STD</b>	<b>WALTON, WILLIAMM JR</b> 8081 PHILLIPS HWY., SUITE 14 JACKSONVILLE FL 32203	<input type="checkbox"/> DELETE	
TITLE <b>AS</b>	<b>WERKING, HELEN</b> 1800 BARRS STREET - ADMINISTRATION JACKSONVILLE FL	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>SINCLAIR, SYLVIA F</b> 4222 ORTGEA PLACE Y JACKSONVILLE FL 32210	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>CONE, FRED M JR.</b> 225 WATER ST., SUITE 1235 JACKSONVILLE FL	<input type="checkbox"/> DELETE	

1.1 TITLE	<b>George E. Utsey Jr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>3575 St. Johns Ave.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<b>Jacksonville, FL 32205</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **3/8/98 308-8941**

CR2E037 (10/97)