

FILE NOW: FILING FEE IS \$61.25

004338

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42317 1. Corporation Name <b>RIVERSIDE FOUNDATION, INC.</b>			
Principal Place of Business 1800 BARRIS STREET ADMINISTRATION-SVMC JACKSONVILLE FL 32203 US		Mailing Address P.O. BOX 2982 ADMINISTRATION JACKSONVILLE FL 32203 US	

FILED  
 02/27/1999  
 WILSON  
 JACKSONVILLE, FLA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>9090 BARRISTER CT</b>		2a <b>9090 BARRISTER CT</b>		02/27/1991	
22 <b>JACKSONVILLE FL</b>		27 <b>JACKSONVILLE FL</b>		4. FEI Number	
City & State		City & State		59-3057267	
23 <b>32257</b>		28 <b>JACK FLA</b>		5. Certificate of Status Desired	
Zip		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 <b>Duval</b>		29 <b>32257</b>		6. Election Campaign Financing	
Country		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 <b>Duval</b>		30 <b>Duval</b>		Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TOUSEY, CLAY B., JR. 2800 INDEPENDENT SQUARE JACKSONVILLE FL 32202				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President / DIRECTOR
NAME	UTSEY, GEORGE E JR	1.2 NAME	Walton, William
STREET ADDRESS	3575 ST JOHNS AVE	1.3 STREET ADDRESS	3811 McIntosh Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	JACKSONVILLE 32210
TITLE	VPO DIRECTOR	2.1 TITLE	Treasurer / DIRECTOR
NAME	CASSIDY, ARCH W	2.2 NAME	Walter Varn JK
STREET ADDRESS	50 N. LAURA ST., SUITE 2175	2.3 STREET ADDRESS	645 Riverside Ave Ste 460
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	701, Fla 32204
TITLE	STD	3.1 TITLE	Secretary
NAME	WALTON, WILLIAM JR	3.2 NAME	Helen Working
STREET ADDRESS	8081 PHILLIPS HWY., SUITE 14	3.3 STREET ADDRESS	9090 BARRISTER CT
CITY-ST-ZIP	JACKSONVILLE FL 32203	3.4 CITY-ST-ZIP	701 32257
TITLE	AS	4.1 TITLE	
NAME	WERKING, HELEN	4.2 NAME	
STREET ADDRESS	1800 BARRIS STREET - ADMINISTRATION	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SINCLAIR, SYLVIA F	5.2 NAME	
STREET ADDRESS	4222 ORTGEA PLACE Y	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CONE, FRED M. JR.	6.2 NAME	
STREET ADDRESS	225 WATER ST., SUITE 1235	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Helen Working 1/15/99 904-730-9552

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