


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 009 ****61.25

DOCUMENT # N42317					
1. Entity Name RIVERSIDE HOSPITAL FOUNDATION, INC.					
Principal Place of Business 9090 BARRISTER CT JACKSONVILLE, FL 32257 US			Mailing Address 9090 BARRISTER CT JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3057267	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUSEY, CLAY B., JR. 2600 INDEPENDENT SQUARE JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GEORGE		NAME		
STREET ADDRESS	2970 ST. JOHNS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANT, JULIAN		NAME		
STREET ADDRESS	1234 KING STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERN, LESTER		NAME		
STREET ADDRESS	645 RIVERSIDE AVENUE, STE 466		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322014		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERKING, HELEN		NAME		
STREET ADDRESS	9090 BARRISTER CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UTSEY, GEORGE E JR		NAME	Sylvia Sinclair	
STREET ADDRESS	5345 ORTEGA BLVD, UNIT 6		STREET ADDRESS	4222 Ortega Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	32210	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES J III		NAME		
STREET ADDRESS	4125 VENETIA BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Helen Werking</u> Secretary <u>1/7/05</u> 9049823676					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40000004



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3057267 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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SIGNATURE: Helen Werking Secretary 1/7/05 9049823676
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