

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42317

FILED
Jan 15, 2009
Secretary of State

Entity Name: RIVERSIDE HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

9090 BARRISTER CT
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

9090 BARRISTER CT
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3057267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERKING, HELEN
9090 BARRISTER CT
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SINCLAIR, SYLVIA
Address: 4222 ORTEGA PLACE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: WERKING, HELEN
Address: 9090 BARRISTER CT
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Delete
Name: PLATT, THOMAS III
Address: 4376 ROMA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: ABERATHY, JAMES HARRY
Address: 2370 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PLATT, TOMMY
Address: 4376 ROMA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRANCO, ROBERT S
Address: 218 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN WERKING

S

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date