



# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-19-2003 90013 004 \*\*\*\*61.25  
N42317

DOCUMENT # <b>N42317</b>				<b>FILED</b> OCT 27 PM 5:03	
1. Entity Name <b>RIVERSIDE FOUNDATION, INC.</b>					
Principal Place of Business <b>8090 BARRISTER CT JACKSONVILLE FL 32257 US</b>		Mailing Address <b>9090 BARRISTER CT JACKSONVILLE FL 32257 US</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3057267</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>TOUSEY, CLAY B., JR. 2600 INDEPENDENT SQUARE JACKSONVILLE FL 32202</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	Zip Code
				FL	
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 		DATE <b>2/17/03</b>			
SIGNATURE		DATE			

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARCH, CASSIDY W 225 WATERS STREET JACKSONVILLE FL 32202</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Anderson, George 2970 St. Johns Ave Jacksonville 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ANDERSON, GEORGE 2970 ST JOHNS AVE 8D JACKSONVILLE FL 32205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Julian FANT 1234 King St Jax 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILLIAMS, CHARLES J 4125 VENETIA BLVD JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LESTER VARN 645 Riverside Ave Ste 466 Jax 32204</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WERKING, HELEN 9090 BARRISTER CT JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VARN, W. LESTER JR. 4075 TIMUQUANA ROAD JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERSON, GEORGE A M.D. 2970 ST. JOHNS AVENUE, 8D JACKSONVILLE FL 32205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **HELEN WERKING** SECRETARY  2/17/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/02)