

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005484 (O)

1. Corporation Name

NORTH RIVERSIDE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2543 LEWIS ST
JACKSONVILLE FL 32204**

**2543 LEWIS ST
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1994

4. FEI Number

59-3284242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

7. Not in compliance with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCPHERSON, JOHN
2543 LEWIS ST
JACKSONVILLE FL 32204**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MCPHERSON, JOHN**
STREET ADDRESS **2543 LEWIS ST**
CITY - ST - ZIP **JACKSONVILLE FL 32204**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **HAMMOND, SARAH**
STREET ADDRESS **2832 WEBSTER ST**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD**
NAME **BROWN, DOROTHY Y**
STREET ADDRESS **296 STOCKTON ST**
CITY - ST - ZIP **JACKSONVILLE FL 32204**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD**
NAME **KERR, VINCE**
STREET ADDRESS **2893 EDISON AVE**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **BAKER, WILLIAM**
STREET ADDRESS **2803 FITZGERALD ST**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D**
NAME **GREGORY, MALCOLM**
STREET ADDRESS **2890 HUNT ST**
CITY - ST - ZIP **JACKSONVILLE FL 32254**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

John McPherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN MCPHERSON

4-17-95 904-387-4564
Date Daytime Phone #