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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N94000005484 (0)

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 32204-2515

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3284242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCPHERSON, JOHN
2543 LEWIS ST
JACKSONVILLE FL 32204

JACKSONVILLE AREA LEGAL AID, INC.

10. Name and Address of New Registered Agent

81 Name: CAROL S. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 126 W ADAMS ST STE 700
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: JOHN N. McPHERSON John N. McPherson President 3/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCPHERSON, JOHN		1.2 NAME	
STREET ADDRESS	2543 LEWIS ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, SARAH		2.2 NAME	
STREET ADDRESS	2832 WEBSTER ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DOROTHY Y		3.2 NAME	
STREET ADDRESS	296 STOCKTON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KERR, VINCE		4.2 NAME	
STREET ADDRESS	2893 EDISON AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, WILLIAM		5.2 NAME	
STREET ADDRESS	2803 FITZGERALD ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GREGORY, MALCOLM		6.2 NAME	
STREET ADDRESS	2890 HUNT ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: John N. McPherson REQUIRED 2-20-97 904 387-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 6004567