2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005484

1. Entity Name
NORTH RIVERSIDE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2893 EDISON AVE JACKSONVILLE, FL 32254 US	2893 EDISON AVE JACKSONVILLE, FL 32254

02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

CAROL S MILLER
126 W ADAMS ST
STE 700
JACKSONVILLE, FL 32204

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

U00000066726
02/26/04-80028-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KERR, DIANE
STREET ADDRESS	2893 EDISON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	VD
NAME	BROWN, DORTHY
STREET ADDRESS	296 STOCKTON ST
CITY-ST-ZIP	JAKCONSIVLLE, FL 32204
TITLE	SD
NAME	MOORE, LINDA
STREET ADDRESS	2637 EDISON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	TD
NAME	KERR, VINCE
STREET ADDRESS	2893 EDISON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	MEEKS, FLORESTINE
STREET ADDRESS	2571 SUMMIT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	FRANCES, WILHEMENIA
STREET ADDRESS	2544 SUMMIT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204

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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: Vincent J. Kerr Vincent J. Kerr 3-24-04 904-387-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #