


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005484 1. Entity Name NORTH RIVERSIDE COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 2893 EDISON AVE JACKSONVILLE, FL 32254 US	Mailing Address 2893 EDISON AVE JACKSONVILLE, FL 32254
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01292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3284242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000209155
02/02/05-80027-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERR, DIANE 2893 EDISON AVE JACKSONVILLE, FL 32254
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DORTHY 296 STOCKTON ST JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, LINDA 2637 EDISON AVE JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERR, VINCE 2893 EDISON AVE JACKSONVILLE, FL 32205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, FLORESTINE 2571 SUMMIT ST JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCES, WILHEMENIA 2544 SUMMIT ST JACKSONVILLE, FL 32204
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-05 904-3874641