

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005484

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTH RIVERSIDE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

2893 EDISON AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

2893 EDISON AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-3284242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERR, DIANE
Address: 2893 EDISON AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD (X) Delete
Name: BROWN, DORTHY
Address: 296 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD () Delete
Name: MOORE, LINDA
Address: 2637 EDISON AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: KERR, VINCE
Address: 2893 EDISON AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: MEEKS, FLORESTINE
Address: 2571 SUMMIT ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FRANCES, WILHEMENIA
Address: 2544 SUMMIT ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE KERR

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date