## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N95000001637 (6) DOCUMENT #

APPROVEG AND

96 MAY - 1 AM 10: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RIVER TOWN OF JACKSONVILLE, INC.							
Principal Place of	Business	Mailing Address			- I iffilifit Bif ifiel Bitti afret enter	Bill Adili ages ilesa arias il	
•		121 W. FORSYTH STR	REET				
121 W. FORSYT SUITE 200	SUITE 200	200		<u> </u>			
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32	202		3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Repo 05/01/1995	
	-(D	2a. Mailing Address	<del></del>		4. FEI Number 59 -	3255199 Applie	
2. Principal Place	e of Business	26			NOT APPLICABLE		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Require		
		27			\$5.00 M		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
3		28	Cou	nin/	This corporation has liability for in	ntangible tax under s. 199	.032,
Zip	Country	Zıp <b>29</b>	30	nt y	Florida Statutes	J Yes ∐ No	
<u> </u>	9. Name and Address of Currer		100]		10. Name and Address of New Ro	egistered Agent	
	9. Name and Address of Conten			81 Name			
				82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
O'SHIELL	DS, H. JOSEPH			Sirect read	.050		
1301 GU	LF LIFE DR., SUITE 1500 NVILLE FL 32207			83			
JACKSUI	NAILTE LE 25501			84 City		85 Zip Co	de
				l' l '	oration submits this statement for the pur and of directors. I hereby accept the appo	FL S	
	Agnature, typied or printed name of registered ager	nt and title if applicable P	VOTE Registeres	d Agent supratue former	ed when reinstating) ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS	IN 12
TITLE	PD	DELETE	111	ITLE		Change [	Addition
NAME	JOHNSON, BRUCE M		1.2 M	IAME			
STREET ADDRESS	121 W. FORSYTH STREET,	SUITE 200	135	TREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32202			DITY - ST - ZIP		Change [	Addition
TITLE	<b>DS</b> DELETE		1	TITLE		Onlings	
NAME	HARRELL, BARBARA			NAME			
STREET ADDRESS	1901 SERVICE STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207	T DOS CIC		CITY-ST-ZIP		☐ Change	Addition
TITLE	D	DELETE		TITLE		_	
NAME	NOONEY, JACK			STREET ADORESS			
STREET ADDRESS	1035 ELDER LANE			CITY-ST-ZIP	t mai	നെ 1 ഒവർ	17-50
CITY-S1-ZIP	JACKSONVILLE FL 32207	DELETE		TITLE	-05/15	/96040030	ddillon
TITLE		Весси		NAME	本本本本本	61.25 *****E	1.25
NAME				STREET ADDRESS	4,,,,,,,,,	01120	
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP		DELETE		TITLE		☐ Change	☐ Addition
TITLE NAME *		_	52	NAME			
STREET ADDRESS			5.3	STREET ADDRESS	710		
CITY - ST - ZIP			5.4	CITY-ST-ZIF	0/3/1	Change	Addition
TITLE		DELETE	6	TITLE	<i>I</i> I.	□ cuanâs	
NAME			6.2	NAME	•		
STREET ADDRESS			6	STREET ADDRESS			
CITY_ST_7IP				CITY-ST-ZIP	5. for the exemption stated in Section 11	9.07(3)(k). Florida Statutes	s. I further
14. I do heret	by certify that the information supplied the information information in the information i	ed with this filing is voluntarily innual report or supplemental	furnished ar annual repo	nd does not quali rt is true and acc	ify for the exemption stated in Section 11 curate and that my signature shall have the	ne same legal effect as if n	nade und

trustee empowered to execute this report as requi cernity that the information injectated on this aimide report of supplier outh, that I am an officer of pricetor of the corpolation or the receive appears in Block 12 or Block 13 if changed, or ghigh attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

4-30-96 (904) 356-7000