

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004014

FILED
Mar 20, 2012
Secretary of State

Entity Name: RIVERSIDE FINE ARTS ASSOCIATION, INC.

Current Principal Place of Business:

1100 STOCKTON STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1100 STOCKTON STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3357150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUBREY, STACY B
1100 STOCKTON STREET
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: O
Name: BRINSON, DAVID A
Address: 4300 LAKESIDE DR. # 17
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: O
Name: KNAUER, MARY B
Address: 4141 ORTEGA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: O
Name: WEITZNER, JEFF
Address: 3429 BEAUCLERC ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D
Name: REDDICK, KENNETH
Address: 3753 JACOB COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D
Name: DUNKLE, CATHLEEN
Address: 4823 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: O
Name: WICKERSHAM, STEPHEN R
Address: 412 OAK POND DRIVE
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN R. WICKERSHAM

O

03/20/2012

Electronic Signature of Signing Officer or Director

Date