
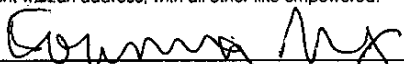


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 012 ****61.25

| | | | | | |
|--|------------------------|---|--|---|--|
| DOCUMENT # N96000000530 | | | |  | |
| 1. Entity Name RIVE ST. JOHNS ANNEX ASSOCIATION, INC. | | | | | |
| Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US | | | Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3431396 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WALLACE, L. DENISE 920 THIRD STREET NEPTUNE BEACH, FL 32266 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARVER, GLENN | | NAME | | |
| STREET ADDRESS | 4556 CAPE SABLE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32277 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAY, CORINNA | | NAME | May, Corinna | |
| STREET ADDRESS | 4518 CAPE SABLE CT | | STREET ADDRESS | 4518 Cape Sable Court | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32277 | | CITY-ST-ZIP | Jacksonville, FL 32277 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | SVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RITCHIE, CHRISTA | | NAME | Ritchie, Christa | |
| STREET ADDRESS | 4512 CAPE SABLE CT | | STREET ADDRESS | 4512 Cape Sable Court | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32277 | | CITY-ST-ZIP | Jacksonville, FL 32277 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | Date: 3/26/06 | | Daytime Phone #: 242 0666 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40043655



03232006 Chg-NP CR2E037 (11/05)