## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001390

Name:

Address:

City-St-Zip:

4575 ST JOHNS AVENUE SUITE 3

JACKSONVILLE, FL 32210

Apr 28, 2004 Secretary of State

Entity Name: RIVERSIDE ROTARY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8777 SAN JOSE BOULEVARD **BUILDING E** JACKSONVILLE, FL 32217 **New Mailing Address: Current Mailing Address:** 8777 SAN JOSE BOULEVARD **BUILDING E** JACKSONVILLE, FL 32217 FEI Number: 59-3563414 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEALY, BRUCE 8777 SAN JOSE BOULEVARD **BUILDING E** JACKSONVILLE, FL 32217 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HOWARD, JOHN Name: Name: Address: 1000 RIVERSIDE AVENUE SUITE 505 Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SHEALY, BRUCE Name: Address: 8777 SAN JOSE BOULEVARD BLDG. E Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: () Delete Title: () Change () Addition POITEVENT, EARL S III

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: R BRUCE SHEALY D 04/28/2004