## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000014617

Entity Name: RIVERSIDE INVESTORS OF MOORE HAVEN, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

90 YEOMANS AVENUE
P.O. BOX 490
LABELLE, FL 33975

90 YEOMANS AVENUE
LABELLE, FL 33935 US

Current Mailing Address: New Mailing Address:

90 YEOMANS AVENUE P. O. BOX 490

P.O. BOX 490 LABELLE, FL 33975 US LABELLE, FL 33975

FEI Number: 20-0611921 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:

BOY, JOHN B JR.
90 YEOMANS AVENUE
LABELLE, FL 33975 US
BOY, JOHN B JR.
90 YEOMANS AVENUE
LABELLE, FL 33935 US

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: 01/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:STD() DeleteTitle:STD(X) Change () AdditionName:BOY, JOHN B JR.Name:BOY, JOHN B JR.Address:90 YEOMANS AVENUEAddress:90 YEOMANS AVENUE

City-St-Zip: LABELLE, FL 33975 City-St-Zip: LABELLE, FL 33935 US

Title: PD ( ) Delete Title: PD (X) Change (

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: MILLER, DAVID N Name: MILLER, DAVID N

 Address:
 P.O. BOX 1149
 Address:
 670 WASHINGTON AVENUE

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:
 LABELLE, FL 33935 US

Title: VP/D ( ) Delete Title: VP/D (X) Change ( ) Addition Name: BRANCH, JOSEPH B BRANCH, JOSEPH B

Address: P.O. BOX 430 Address: P.O. BOX 430

City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: MOORE HAVEN, FL 33471 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID N. MILLER PD 01/20/2009