

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42317

**Entity Name:** RIVERSIDE HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

9090 BARRISTER CT  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9090 BARRISTER CT  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-3057267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WERKING, HELEN  
9090 BARRISTER CT  
JACKSONVILLE, FL 32257 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title S  
Name WERKING, HELEN  
Address 9090 BARRISTER CT  
City-State-Zip: JACKSONVILLE FL 32257

Title VICE PRESIDENT  
Name STONEBURNER, GRESHAM  
Address 9090 BARRISTER CT  
City-State-Zip: JACKSONVILLE FL 32257

Title PRESIDENT  
Name WILLIAMS, DAVID  
Address 9090 BARRISTER CT  
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER  
Name COLYER, ROBERT DR  
Address 9090 BARRISTER CT  
City-State-Zip: JACKSONVILLE FL 32257

*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:** HELEN WERKING

**SECRETARY**

**01/04/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date