## **2023 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

01/03/2023

Date

**FILED** Jan 03, 2023

**Secretary of State** 

7346170003CC

Officer/Director Detail:

Title Title **PRESIDENT** 

WERKING, HELEN Name STONEBURNER, GRESHAM ESQ. Name

Address 9090 BARRISTER CT Address 9090 BARRISTER CT

City-State-Zip: JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 City-State-Zip:

Title **TREASURER** Title VICE PRESIDENT Name WALTON, LON DR COLYER, ROBERT DR. Name Address 9090 BARRISTER CT Address 9090 BARRISTER CT JACKSONVILLE FL 32257 City-State-Zip: 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** 

Electronic Signature of Signing Officer/Director Detail