

2018 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 TREASURER
Name DAWKINS, CLINT
Address 2358 RIVERSIDE AVE #604
City-State-Zip: JACKSONVILLE FL 32209

Title PRESIDENT
Name TOWERS, KATY
Address 4579 ORTEGA BLVE
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name FRANCO, ROBERT S DR.
Address 218 SAN JUAN DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

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01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date