FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716640** **(8)**

1. Corporation Name

RIVER GARDEN HEBREW HOME FOR THE AGED

Principal Place of Business	Mailing Address
11401 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32258	11401 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32258

3. Date Incorporated or Qualified: **05/30/1969**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0624438** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALEVSKY,ELLIOTT
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	LISSNER, MICHAEL		1.2 NAME	Mark Lodinger	
STREET ADDRESS	3614 CATHEDRAL OAKS PL		1.3 STREET ADDRESS	8789 San Jose Blvd #201	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	GRAY, ALLEN		2.2 NAME	Bernard Datz	
STREET ADDRESS	9525 BEAUCLERC OAKS DR		2.3 STREET ADDRESS	8605 Villa San Jose Drive	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	SHAINBROWN, BERNARD		3.2 NAME	Robert Jacobs	
STREET ADDRESS	3121 VENTURE PLACE , STE 2		3.3 STREET ADDRESS	5000 San Jose Blvd #182	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32255	
TITLE	DAT	☐ DELETE	4.1 TITLE	DAT	☒ Change ☐ Addition
NAME	WOLF, MARTIN		4.2 NAME	Martin Wolf	
STREET ADDRESS	2160 REDFERN RD		4.3 STREET ADDRESS	3642 Leewood Lane	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/9/96 (904) 737-8543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bernard Datz

CR2E037 (12/95)