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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 3225811401 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32258-4500

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/30/1969

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0624438

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETENAME LODINGER, MARK  
STREET ADDRESS 8789 SAN JOSE BLVD, #201  
CITY-ST-ZIP JACKSONVILLE, FL 000001.1 TITLE SD ☒ Change ☐ Addition1.2 NAME LODINGER, MARK  
1.3 STREET ADDRESS 8826 GOODBY'S EXECUTIVE DR. #121  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217 ☐ Change ☐ AdditionTITLE PD ☐ DELETENAME DATZ, BERNARD  
STREET ADDRESS 8605 VILLA SAN JOSE DR  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETENAME JACOBS, ROBERT  
STREET ADDRESS 5000 SAN JOSE BLVD, #182  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE DAT ☐ DELETENAME WOLF, MARTIN  
STREET ADDRESS 3842 LEEWOOD LANE  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bernard Datz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Datz 1-6-96 7378543

Date

Daytime Phone # 0007039

CR2E037 (9/96)