## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 716640

(8)

## RIVER GARDEN HEBREW HOME FOR THE AGED

Principal Place of Business Mailing Address														
Pr	incipal Place	of Business	Mailing Address					1 ia biis tadal tibig bilija	######################################		#{#fc #1#16 #11	101		
					D ST. AUGUSTINE ROAD VILLE FL 32258-4500									
								•	3. Date Incorporated or C 05/30/1969	uslified	3a. Da	te of Last R 05/01/199	eport 16	
2.	2. Principal Place of Business 2a. Mailing Address								4. FEI Number			Ar	plied For	
21							59-0624438			No	t Applicable			
匚	Suite, Apt. #, etc. Suite, Apt. #, e								5. Certificate of Status De	sired	$\Box$	\$8.75		
22				27								Fee Re	<u></u>	
ļ <sub>1</sub>	City & State	;		City & State					6. Election Campaign Fin		_	\$5.00		
23	7		28	7:	1 70-				Trust Fund Contribution			Added		
<u></u>	Zip	Country	` <del> -</del> -	Zip 1		untry			8. This corporation has list				. 199.032,	
24					30				Florida Statutes Yes No  10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent							Name		IU. Nellio alla Audiess o	I Non ney	installed b	inativ.		
	B 4 1 500 161 1					81	Harris							
PALEVSKY,ELLIOTT						82	Street Address (P.O. Box Number is Not Acceptable)							
11401 OLD ST. AUGUSTINE ROAD						83			······································		····			
JACKSONVILLE FL 32258													<del>,</del>	
						84	City		en e		FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes,							-named	corpo	ration submits this statemen	t for the pu	irpose of	changing I	ls registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.							the corp	poratio	n's board of directors. I here	eby accept	t the app	as tremtnic	registered	
		THURSDAY WELL BUT GOO	op: tric obligations	01, 00011011 011 100001	r torrou on	ALUICO	•							
SI	GNATURE _	Signature, typed or printed name	of registered agent and ti	te if applicable (f	IOTE: Register	ed Age	nt signature	required	i when reinstating)		DATE			
12	2.	0	FFICERS AND DIRE	CTORS	13.				ADDITIONS/CHANGES	TO OFFICI	ERS AND	DIRECTOR	₹S IN 12	
111	rlē	SD		DELETE	1.1	TITLE		SD				Change	Addition	
N/A	ME	LODINGER, MARK			1.21	NAME			NAME AND THE					
ST	REET ADDRESS	8789 SAN JOSE B	LVD. #201		1.3 3	STREET	ADORESS		DINGER, MARK 26 GOODBY'S E				#101	
C	TY-ST-ZIP	JACKSONVILLE, F			1.40	CITY-S	T. 710	1887	76 GODDKY'S R	(XECU)	LIAE	DK.	# 1 Z 1	
-	rle .	PD	<del></del>										.,	
NA				DELETE		TITLE	1-611		CKSONVILLE, I	1. 32	217	Change	Addition	
l er	WE I	DATZ, BERNARD		DELETE	2.1	TITLE NAME	1-611			1. 32	217	Change		
31	REET ADDRESS	DATZ, BERNARD 8605 VILLA SAN J	OSE DR	DELETE	2.1 2.21	NAME	ADDRESS			7 <u>1. 32</u>	217	Change		
1 -				DELETE	2.1 2.21 2.3	NAME	address			<del>) [. 32</del>	<del>2 1 7 -</del>	Change		
CI	REET ADDRESS	8605 VILLA SAN J		☐ DELETE	2.1 221 2.3 2.4	name Street	address			7L 32	217	Change		
CI	REET ADDRESS TY-ST-ZIP	8605 VILLA SAN J JACKSONVILLE FL TD	•		2.1 2.2 2.3 2.4 3.1	name Street City-S	address			7L 32	217		Addition	
CI TII	REET ADDRESS TY-\$T-ZIP TLE	8605 VILLA SAN J JACKSONVILLE FL TD JACOBS, ROBERT			2.1° 2.2( 2.3° 2.4 3.1° 3.2°	NAME STREET CITY-S TITLE NAME	address			1. 32	217		Addition	
CI TIII NA ST	REET ADDRESS TY-ST-ZIP TLE NME	8605 VILLA SAN J JACKSONVILLE FL TD JACOBS, ROBERT 5000 SAN JOSE E	SLVD, #182		2.1 2.2 2.3 2.4 3.1 3.2 3.3	NAME STREET CITY-S TITLE NAME	address et-zip address			1. 32	217		Addition	
CI TIII N# ST CI	TREET ADDRESS TY-ST-ZIP TLE TME REET ADDRESS	8605 VILLA SAN J JACKSONVILLE FL TD JACOBS, ROBERT	SLVD, #182		2.1° 2.2( 2.3° 2.4 3.1° 3.2° 3.3° 3.4.	NAME STREET CITY-S TITLE NAME STREET	address et-zip address			71. 32.	217		Addition	
CI TIII N# ST CI	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP	8605 VILLA SAN J JACKSONVILLE FL TD JACOBS, ROBERT 5000 SAN JOSE E JACKSONVILLE FL DAT	SLVD, #182	☐ DELETE	2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	name Street City-S Title Name Street City-S	address et-zip address			7L 32	217	Change	Addition  Addition	
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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. 904

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

☐ Addition