

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 037 ****70.00

DOCUMENT # 716640

1. Entity Name
RIVER GARDEN HEBREW HOME FOR THE AGED



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

Mailing Address
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

94073414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0624438

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME ENGELHARDT, SIDNEY
STREET ADDRESS 3823 VILLA SAN JOSE DR.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE PD ☐ Delete
NAME ELINOFF, RONALD
STREET ADDRESS 2811 SCOTT MILL ESTATES DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE TD ☒ Delete
NAME JACOBS, ROBERT
STREET ADDRESS 5000 SAN JOSE BLVD, #182
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD ☐ Delete
NAME LISSNER, MICHAEL
STREET ADDRESS 3614 CATHEDRAL OAKS PL N
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VD ☐ Delete
NAME EINSTEIN, GLORIA
STREET ADDRESS 2937 BRAEMER DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VD ☐ Delete
NAME LODINGER, MARK
STREET ADDRESS 8834 GOOBY'S EXECUTIVE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32217

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME TD
STREET ADDRESS Herman Paul
CITY-ST-ZIP 2482 Segovia Avenue
Jacksonville, FL 32217

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Elinoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

904 260 1818
Daytime Phone #