


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 033 ****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			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-0624438		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent GOETZ, MARTIN A 11401 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGELHARDT, SIDNEY 3823 VILLA SAN JOSE DR. JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judy Paul 2482 Segovia Ave. Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELINOFF, RONALD 2811 SCOTT MILL ESTATES DR. JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gloria Einstein 2937 Braemer Drive Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, PAUL 2482 SEGOVIA AVENUE JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Edward Grenadier 10228 Deerwood Club Rd Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISSNER, MICHAEL 3614 CATHEDRAL OAKS PL N JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Janis Fleet 11557 Hidden Harbor Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EINSTEIN, GLORIA 2937 BRAEMER DRIVE JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Skip Willbach 535 Cheryl Ct. Jacksonville, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LODINGER, MARK 8834 GOOBY'S EXECUTIVE DRIVE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE 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: <i>Judith S. Paul</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/27/05 Daytime Phone #: 260-1818		

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