


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90418 049 ****70.00

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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0624438	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PALEVSKY, ELLIOTT 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	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 _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME ENGELHARDT, SIDNEY STREET ADDRESS 3823 VILLA SAN JOSE DR. CITY-ST-ZIP JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE VD NAME EINSTEIN, GLORIA STREET ADDRESS 2937 BRAEMER DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME ELINOFF, RONALD STREET ADDRESS 2811 SCOTT MILL ESTATES DR. CITY-ST-ZIP JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE VD NAME LODINGER, MARK STREET ADDRESS 8834 GOODBY'S EXECUTIVE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME JACOBS, ROBERT STREET ADDRESS 5000 SAN JOSE BLVD, #182 CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE VD NAME PRICE, JACK STREET ADDRESS 11111 CHESTER LAKE ROAD EAST CITY-ST-ZIP JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME LISSNER, MICHAEL STREET ADDRESS 3614 CATHEDRAL OAKS PL N CITY-ST-ZIP JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Jacobs **REQUIRE** 4/29/03 904-260-1818

CR2E037 (10/02)