## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

766589

(6)

THE RIVER GARDEN AUXILIARY, INC.



11401 OLD S	itcas, MARILYN	Mailing Address  Dush for F  C/O JACOBS CHAR  11401 OLD ST. AUG  JACKSONVILLE FL 3  US				Date Incorporated or Qualified     01/18/1983		of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied	For
21	[	26				59-6143672		Not App	ilicable
Suite, Apt. #, etc.		Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing		\$5.00 May	Ве
23		28				Trust Fund Contribution		Added to Fee	as
Zip	Country	Zip	<u> </u>	ountry		8. This corporation has liability for in			2,
		29	30		Florida Statutes				
	Name and Address of Current Re	egistered Agent		81 Nar		IU. Name and Address of New Re	gistered Age	7111	
5 2 -5000 S	., EVELYN E AN JOSE BLVD. #1 <del>00</del> . スクロヨ Onville FL <del>32217</del> タフェジグ			82 Stre 83 84 City		is (P.O. Box Number is Not Acceptable		35 Zip Code	
or register familiar wi	to the provisions of Sections 617,0502 and red agent, or both, in the State of Florida. Strit, and accept the obligations of, Section 1.	Such change was author 317.0503, Florida Statut	ized by the	corporatio	on's board Mel	ion submits this statement for the purp of directors. I hereby accept the appo	intment as reg	ng its registere istered agent 8 1996	l am
12.	OFFICERS AND DI		/ 13			ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTORS IN 1	12
TITLE	PD	<b>EX</b> DELETE	1.1	TITLE	PR	csiden T		Change 💢 Ac	ddition
NAME	JACOBS, CHARLOTTE		12	NAME	mi	arily WAITERS	Stad		
STREET ADDRESS	1422 PEACHTREE ST		1.3	STREET ADDRE	:ss 🗀 &	89 Sun Pines	]/		
CITY - ST - ZIP	JACKSONVILLE FL		1.4	CITY - ST - ZIP	JA	cksonville, Fl 3	2250		
Trite	VD	[]DELETE	21	TITLE	151	cksodville, Fl 3		Change 📈 Ad	ddition
NAME	NACHMAN, RUTH		2.2	NAME	Jua	y Dushoff by SAN BERNADO ACKSONUSIE, FI	Δæ		
STHEET ADDRESS	1515 BEACH AVE.		23	STREET ADDRE	ESS 40	54 SAN BERNADO	<i>5</i> 74,		
CITY - ST - ZIP	JACKSONVILLE FL		2.4	I CITY - ST-ZIP	J	Acksonuste, Fl	31117		
TITLE	VD	□]DELETE	31	TITLE				Change [_] Ac	ddition
NAME	BAILYS, CAYLE			NAME					
STHEET ADDRESS	11643 LOIS CROSS CT			STREET ADDRE					
CITY-ST-ZIP	MANDARIN FL	t Manager		CITY-ST-ZIP				Spanner (7)	
TITLE	PD PRETER IDIO	DELETE	1	TITLE			Ц,	Cnange 🔲 A	lddition
NAME	SPITZER, IRIS			2 NAME					
STREET ADDRESS	9081 KINGS COLONY			STREET ADDRE					
C114-S7-ZIP	JACKSONVILLE FL	Floress		CITY-ST-ZIP				Oberes Proje	alalitine
TITLE	TO	□]DEFELE		TITLE			□'	Change 🗀 A	ddition
NAME	MEISEL, EVELYN	SAN JOSE A	3/vd 52	NAME					
STREET ADDRESS	5000 SAN JOSE BLVD 725 >	# 22	<b>∞3</b> 53	STREET ADDRE	ESS				
CITY - ST - ZIP	MEISEL, EVELYN 5000 SAN JOSE BLVD 9257 JACKSONVILLE FL 3005	7	5.4	CITY-ST-ZIP			<u>.</u>		
TITLE	,	[]]DELETE	6 1	TITLE				Change 🔲 A	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET ADDRE	ESS				
CITY-ST-ZIP			6.4	CITY - ST- ZIP					

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

( reasurer