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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766589** **(6)**

1. Corporation Name

THE RIVER GARDEN AUXILIARY, INC.

Principal Place of Business	Mailing Address
~~WAITERS, MARILYN~~ Delete 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258 US	~~DASHOFF, JUDY~~ Delete 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-4500 US

3. Date Incorporated or Qualified: 01/18/1983
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21 River Garden Home
22 ~~Apt.~~

2a. Mailing Address
26 11401 Old St. Augustine Rd
27

City & State
23 Jacksonville, Fl

Zip 24 32258 Country 25 USA

City & State
28

Zip 29 Country 30

4. FEI Number 59-6143672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEISEL, EVELYN E
9252 SAN JOSE BLVD., #2203
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Evelyn E. Meisel TREA. Evelyn E. Meisel DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	WAITERS, MARILYN		1.2 NAME	NACHMAN, Ruth	
STREET ADDRESS	2887 SUNI PINES BLVD.		1.3 STREET ADDRESS	2733 Alvarado Ave	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Fl 32217	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice VP	☒ Change ☐ Addition
NAME	NACHMAN, RUTH		2.2 NAME	SACHS, Celia	
STREET ADDRESS	1515 BEACH AVE.		2.3 STREET ADDRESS	4176 Palma Pt. Ct.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl 32217	
TITLE	VD	☒ DELETE	3.1 TITLE	Vice VP	☒ Change ☐ Addition
NAME	BAILYS, CAYLE		3.2 NAME	KAPLAN, Vivian	
STREET ADDRESS	11643 LOIS CROSS CT		3.3 STREET ADDRESS	11401 Old St. Augustine Rd.	
CITY-ST-ZIP	MANDARIN FL		3.4 CITY-ST-ZIP	Jacksonville, Fl 32258	
TITLE	VP	☒ DELETE	4.1 TITLE	Vice VP	☒ Change ☐ Addition
NAME	DASHOFF, JUDY		4.2 NAME	BAILYS, Gayle	
STREET ADDRESS	4059 SAN BERNADO DR.		4.3 STREET ADDRESS	11643 Lois Cross Ct.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Fl 32223	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MEISEL, EVELYN		5.2 NAME	meisel, Evelyn	
STREET ADDRESS	9252 SAN JOSE BLVD., #2203		5.3 STREET ADDRESS	9252 San Jose Blvd #2203	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, Fl 32257	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	1996-1997 officers	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Evelyn E. Meisel Evelyn E. Meisel TREASURER 4/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007037