## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

RIVER GARDEN HOME 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258

(6)

11401 OLD ST AUGUSTINE RD 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258 US

Mailing Address

THE RIVER GARDEN AUXILIARY, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State

Applied For

3. Date Incorporated or Qualified 01/18/1983

4. FEI Number

		35				59-6143672	Not Applicable		
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired	\$8.75 Additional			
21 26					3. Certificate of Status Desired	Fee Required			
Suite, Apt. #, etc.					6. Election Campaign Financing	<b>\$5.00</b> May Be			
22 27			1-1-			Trust Fund Contribution	Added to Fees		
City & State City & State			iate			7. Is this nonprofit corporation a homeowr	ners association?		
Zip	Country	28 Zip		Country		<del></del>	<del></del>		
24	25	29	30	]		8. This corporation owes or has paid the of Personal Property Tax due June 30.	El Yes No		
24	9. Name and Address of C	120		·		10. Name and Address of New Registere			
		<del></del>		81	Name				
MEISEL, EVELYN E				82 Street Address (P.O. Box Number is Not Acceptable)					
9252 SAN JOSE BLVD., #2203			82 Street Address (P.O. Box Number is Not Acceptable)						
				83	83				
				84	City	F			
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.									
agent. I ar	n familiar with, and accept the	obligations of Section	617,0503, Florida	Statutes	2 30 150 150	one source of disorder thomas, assisting a	100		
SIGNATURE _	Signature, typed or priviled name of registe	. 11 jeus	U WOTE O		MARIN	d 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3/90		
12.		ered agent and titte if applicable. IS AND DIRECTORS	: (NOTE: RE	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12		
TITLE	PD		DELETE	1.1 11114	D	2 .: ( ( ( ) )	Change Addition		
NAME	NACHMAN, RUTH	·	,	1.2 NAME		A sease Of-			
STREET ADDRESS	2733 ALVARADO AVE		1	1.3 STREET	ADDRESS ///	643 LOIS CROSS	·		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	1.	acksonville Fl			
TITLE	VPD	[.	DELETE	2.1 TITLE	_/	hARIOTTE JACOBS,	Change		
NAMÉ	SACHS, CELIA			2.2 NAME		25Y SAN Jose Blod, # 4/3	Sal		
STREET ADDRESS	4176 PALMA PT CT			2.3 STREET	ADDRESS (	, ,,			
CITY - ST - ZIP	JACKSONVILLE FL		,	2. 4 CITY - S	T-ZiP	Acksoduille, FT 3225	/		
TITLE	VP	Ţ	DELETE	3.1 TITLE	VPK	anlad Vivian	Change Addition		
NAME	Kaplan, Vivian		`	3.2 NAME		al old ST, Augus Tide)	रव		
STREET ADDRESS	11401 OLD ST AUGUST	ine RD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-S	T-ZIP	Acksodville F/ 37150			
TITLE	VP	Ŀ	DEFELE	4.1 TITLE	VP R	Ait, ANDREA	Change Addition		
NAME	BAILYS, GAYLE			4, 2 NAME	1/2	so capAlleRORL			
STREET ADDRESS	11643 LOIS CROSS CT			4.3 STREET	l (a	che listle and			
City-St-ZIP	JACKSONVILLE FL	r	7.05.55	4.4 CITY-S	r-zip <b>J</b>	CRSONGILLE, BYNI,	T ob		
TITLE	TD MEICE EVELVAL	L	DELETE	5.1 TITLE	171	maised Evelyn	☐ Change ☐ Addition		
NAME	MEISEL, EVELYN 9252 SAN JOSE BLVD #	10000		5.2 NAME	/	neiser Lucy 1	# 2003		
STREET ADDRESS	JACKSONVILLE FL	FZZU3		5.3 STREET		257 SAN 7136 DI	357		
CITY-ST-ZIP	JACKSONVILLE FL	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY-ST 6.1 TITLE	-ZIP o/	ACKSONOLITE, PT 31	Change Addition		
TITLE NAME		L.		6.2 NAME			ELL ORGINGO ELL AUGILIOIS		
STREET ADDRESS				6.3 STREET	ADDDEEC				
			I	6.4 CITY - ST			ł		
City-St-ZiP	ertify that the information suppl	ied with this filing does	not qualify for th	e exempt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information		
14. I hereby certify that the information supplied with this filling 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.									