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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766589

1. Corporation Name
THE RIVER GARDEN AUXILIARY, INC.

Principal Place of Business	Mailing Address
RIVER GARDEN HOME 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258 US	11401 OLD ST AUGUSTINE RD 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258 US

2. Principal Place of Business 21 River Garden Home Suite, Apt. #, etc. 22 11401 Old St. Augustine Rd City & State 23 Jacksonville Fl Zip 24 32258 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 01/18/1983 4. FEI Number 59-6143672 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing ☐ *Trust Fund Contribution* **$5.00** May Be *Added to Fees*

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEISEL, EVELYN E 9252 SAN JOSE BLVD., #2203 JACKSONVILLE FL 32257	81 Name 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAILYS, GAYLE		1.2 NAME		
STREET ADDRESS	11643 LOIS CROSS CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	JACOBS, CHARLOTTE		2.2 NAME	RAITT, ANDREA	
STREET ADDRESS	9252 SAN JOSE BLVD. #4301		2.3 STREET ADDRESS	6850 CABALLERO	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	Jacksonville, Fl 32217	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ~~☐ Addition~~
NAME	KAPLAN, VIVIAN		3.2 NAME	meisel, Evelyn	
STREET ADDRESS	11401 OLD ST AUGUSTINE RD		3.3 STREET ADDRESS	9252 San Jose Blvd. #2203	
CITY-ST-ZIP	JACKSONVILLE FL 32258		3.4. CITY-ST-ZIP	Jacksonville, Fl 32257	
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	RAITT, ANDREA		4. 2 NAME	NACHMAN, Ruth	
STREET ADDRESS	6850 CABALLERO RD		4.3 STREET ADDRESS	2733 Alvarado Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32217		4.4 CITY-ST-ZIP	Jacksonville Fl 32217	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	MEISEL, EVELYN		5.2 NAME	mizrahi, NANCY	
STREET ADDRESS	9252 SAN JOSE BLVD #2203		5.3 STREET ADDRESS	9967 Ridgefield Dr.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, Fl 32257	
TITLE	TD	~~☒~~ DELETE	6.1 TITLE	TD	☐ Change ☐ Addition
NAME	MEISEL, EVELYN		6.2 NAME	meisel, Evelyn	
STREET ADDRESS	9252 SAN JOSE BLVD. #2203		6.3 STREET ADDRESS	9252 San Jose Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32257		6.4 CITY-ST-ZIP	Jacksonville, Fl 32257	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Evelyn E. Meisel **ELECTRONICALLY SIGNED** 5/11/99 (904) 733-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #