2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 766589

1. Entity 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. JACKSONVILLE, FL 32258 US

DO NOT WRITE IN THIS SPACE

03262007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

MEISEL, EVELYN E
9439 SAN JOSE BLVD., #200
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAFER, BARBARA
STREET ADDRESS	11650 SEDGEMORE DR., N.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VD
NAME	DATZ, MARILYN
STREET ADDRESS	8605 VILLA SAN JOSE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	TD
NAME	MIZRAHI, NANCY
STREET ADDRESS	9962 RIDGEFIELD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	PD
NAME	SHERMAN, ALICE
STREET ADDRESS	4090 PONCE DE LEON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	MEISEL, EVELYN
STREET ADDRESS	9439 SAN JOSE BLVD., #200
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000603529
04/05/07-80046-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy A Mizrahi Nancy A. Mizrahi 3/26/07 (904)262-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #