

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90327 042 \*\*\*\*70.00

DOCUMENT # N06427

1. Entity Name  
RIVER GARDEN HOLDING COMPANY, INC.



Principal Place of Business  
% PALEVSKY, ELLIOTT  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258-1402

Mailing Address  
% PALEVSKY, ELLIOTT  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258-1402



04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2487781 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALEVSKY, ELLIOTT  
11401 OLD AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME MEISEL, LEWIS  
STREET ADDRESS 100 HOPKINS STREET  
CITY-ST-ZIP NEPTUNE BCH., FL

TITLE SD  
NAME DATZ, BERNIE  
STREET ADDRESS 8605 VILLA SAN JOSE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE TD  
NAME WOLF, MARTIN  
STREET ADDRESS 3642 LEEWOOD LANE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE PD  
NAME SCHREIBER, MINNIE  
STREET ADDRESS 5201 ATLANTIC BLVD 259  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD  
NAME GREENBURG, MICHAEL  
STREET ADDRESS 3701 RIVER HALL DR  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

*Minnie Schreiber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MINNIE SCHREIBER 4/29/04

Date

904 260 1818

Daytime Phone #