

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716640

Entity Name: RIVER GARDEN HEBREW HOME FOR THE AGED**Current Principal Place of Business:**11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**Current Mailing Address:**11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**FEI Number: 59-0624438****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GOETZ, MARTIN A
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SD
Name	PAUL, JUDY
Address	2482 SEGOVIA AVE
City-State-Zip:	JACKSONVILLE FL 32217

Title	PRESIDENT, DIRECTOR
Name	COHEN, SUSAN
Address	11824 MOUNTAIN ASH RD E
City-State-Zip:	JACKSONVILLE FL 32223

Title	TD
Name	DEMRI, CINDY
Address	3443 CHRYSLER DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

Title	CFO
Name	SORNA, BETTY
Address	11401 OLD ST. AUGUSTINE ROAD
City-State-Zip:	JACKSONVILLE FL 32258

Title	VP, DIRECTOR
Name	GOLDBERG, LARRY DR.
Address	3000 FOREST CIRCLE
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP, DIRECTOR
Name	KAMMER, RANDY
Address	13846 ATLANTIC BLVD #1012
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	KAYE, DEBBY
Address	11683 SEDGEMOORE DR N
City-State-Zip:	JACKSONVILLE FL 32223

Title	VP
Name	OSTERER, MORRIE
Address	2667 SPREADING OAKS LANE
City-State-Zip:	JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETTY SORNA**CFO****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date