

**2022 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:**MIZRAHI, MAURI 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           TREASURER  
Name           DEMRI, CINDY  
Address        3443 CHRYSLER DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

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

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

Title           CEO  
Name           MIZRAHI, MAURI  
Address        11401 OLD ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32258

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

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

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

Title           SECRETARY  
Name           GOTTLIEB, RACHELLE  
Address        11401 OLD ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32258

**Continues on page 2**

*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****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	HOROVITZ, BRUCE
Address	11401 OLD ST. AUGUSTINE ROAD
City-State-Zip:	JACKSONVILLE FL 32258