2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716640

Entity Name: RIVER GARDEN HEBREW HOME FOR THE AGED

FILED
Mar 30, 2016
Secretary of State
CC7302755412

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 Title VD

Name PAUL, JUDY Name COHEN, SUSAN

Address 2482 SEGOVIA AVE Address 11824 MOUNTAIN ASH RD E

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: JACKSONVILLE FL 32223

Title TD Title CFO

Name DEMRI, CINDY Name SORNA, BETTY

Address 3443 CHRYSLER DRIVE Address 11401 OLD ST. AUGUSTINE ROAD

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name POLLACK, MARSHA Name GOLDBERG, LARRY DR.

Address 2452 CASTELLON DR Address 3000 FOREST CIRCLE

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: JACKSONVILLE FL 32257

Title VP, DIRECTOR
Name KAMMER, RANDY

Address 13846 ATLANTIC BLVD

#1012

City-State-Zip: JACKSONVILLE FL 32225

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 03/30/2016