

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716640

FILED
Mar 02, 2007
Secretary of State

Entity Name: RIVER GARDEN HEBREW HOME FOR THE AGED

Current Principal Place of Business:

11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-0624438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOETZ, MARTIN A
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PAUL, JUDY
Address: 2482 SEGOVIA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD () Delete
Name: EINSTEIN, GLORIA
Address: 2937 BRAEMER AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: GRENADIER, EDWARD
Address: 10228 DEERWOOD CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: FLEET, JANIS
Address: 11557 HIDDEN HARBOR
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: WILLBACH, SKIP
Address: 535 CHERYL CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: LODINGER, MARK
Address: 8834 GOOBY'S EXECUTIVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLORIA EINSTEIN

PD

03/02/2007

Electronic Signature of Signing Officer or Director

Date