

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766589

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** THE RIVER GARDEN AUXILIARY, INC.

**Current Principal Place of Business:**

RIVER GARDEN HOME  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

**FEI Number:** 59-6143672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEISEL, EVELYN E  
11501 OLD ST. AUGUSTINE RD.  
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:** PD  
**Name:** SAFER, BARBARA  
**Address:** 11650 SEDGEMORE DR., N.  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** VD  
**Name:** DATZ, MARILYN  
**Address:** 8605 VILLA SAN JOSE  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** TD  
**Name:** MIZRAHI, NANCY  
**Address:** 9962 RIDGEFIELD DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** D  
**Name:** SHERMAN, ALICE  
**Address:** 4090 PONCE DE LEON AVE  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** D  
**Name:** MEISEL, EVELYN  
**Address:** 11501 OLD ST. AUGUSTINE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** D  
**Name:** ABISCH, ELIZABETH B  
**Address:** 4499 HANOVER PARK DR  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** NANCY A. MIZRAHI

TD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date