2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06427

FILED Mar 02, 2007 Secretary of State

Entity Name: RIVER GARDEN HOLDING COMPANY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
11401 OLE	SKY, ELLIOTT D ST. AUGUS IVILLE, FL 32	TINE RD.				
Current M	lailing Addre	ss:	New Mailir	New Mailing Address:		
11401 OLE	SKY, ELLIOTT D ST. AUGUS IVILLE, FL 32	TINE RD.				
FEI Number:	: 59-2487781	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
JACKSON	D AUGUSTINE IVILLE, FL 32	258 US	ourness of changing its	ts registered office or registered agent, or both,		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing it	is registered office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VD (MEISEL, LEW 100 HOPKINS NEPTUNE BCH	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DATZ, BERNÎ	AN JOSE BLVD.	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GRAY, ALLEN 2905 OLD RIVER ROAD JACKSONVILLE, FL 32223		
Title: Name: Address: City-St-Zip:	TD (WOLF, MARTI 3642 LEEWO JACKSONVILL	OD LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD (TROMBERG, I 2115 LA VACA JACKSONVILL	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD (GREENBURG, 3701 RIVER H JACKSONVILL	ALL DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ELINOFF, ROI	MILL ESTATES DR	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

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SIGNATURE:	FRED TROMBERG	PD	03/02/2007