

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 JUN 28 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19203** (1)

1. Corporation Name

THE RIVER GARDEN FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1987	3a. Date of Last Report 05/01/1994
4. FBI Number 59-3100673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 199.183 2(c)2	

Principal Place of Business		Mailing Address	
11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258		11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258	
21. Principal Place of Business	21a. Mailing Address	22. Suits, Apt. #, etc.	22a. Suits, Apt. #, etc.
23. City & State	23a. City & State	24. Zip	24a. Zip
25. Country	25a. Country	26. Zip	26a. Country

9. Name and Address of Current Registered Agent

PALEVSKY, ELLIOTT, CEO
11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81. Name	800001527798
82. Street Address (P.O. Box Number is Not Acceptable)	05-230-235-01012-008 *****70.00 *****70.00
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when resigning.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
X C/D	YEGELWEL, EVAN 2953 MANDARIN HOLLOW DR. JACKSONVILLE FL	P/D	Jacobson, Sheila 7561 Founders Way Ponte Vedra Beach, Florida 32082
D	PARKER, BARBARA 4218 PT. LAVISTA DR. W. JACKSONVILLE FL <u>DELETE</u>	V/D	Gregory Miller 225. Water Street, 5th Floor Jacksonville, Florida 32231-4203
D	COLEMAN, JACK 1438 SWAN LN. JACKSONVILLE FL <u>DELETE</u>	S/D	Shorstein, Jack, CPA 8265 Bayberry Road Jacksonville, Florida 32256
D	BISHOP, JOHN 3100 UNIVERSITY BLVD. S. JACKSONVILLE FL <u>DELETE</u>	T/D	Proctor, Rochelle 2868 Evercharm Place Jacksonville, Florida 32257
D	HAZEL, TOM 1710 GULF LIFE TOWER JACKSONVILLE FL <u>DELETE</u>	T/D	Traynham, Earle, C/O UNF 4567 St. Johns Bluff Road Jacksonville, Florida 32245
X V/D	SHIELDS, BOB 2481 ROLAC RD. JACKSONVILLE FL		

14. I do hereby certify that the information furnished with this filing is voluntary, finished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on: annual report or application for annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of a corporation; that I am duly authorized or lawfully empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: _____ (Signature and typed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when resigning.) DATE: _____ (Date)

(904)260-1818

REMITTED BY MAY 1 555 6/28/95