

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19203** (1)

1. Corporation Name
THE RIVER GARDEN FOUNDATION, INC.



Principal Place of Business: **11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258**
Mailing Address: **11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258**

3. Date incorporated or Qualified: **02/11/1987**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-3100673** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country

9. Name and Address of Current Registered Agent
**PALEVSKY, ELLIOTT
11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent
#1 Name
#2 Street Address (P.O. Box Number is Not Acceptable)
#3
#4 City: **FL** #5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and date of signature) _____ (Registered Agent signature required when registering) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	YEGELWEL, EVAN	
STREET ADDRESS	2953 MANDARIN HOLLOW DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBSON SHELIA	
STREET ADDRESS	7561 FOUNDERS WAY	
CITY - ST - ZIP	PONTE VEDRA BCH., FL 32082	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY MILLER	
STREET ADDRESS	225 WATER STREET 5TH FLOOR	
CITY - ST - ZIP	JACKSONVILLE FL 32231-4203	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHORSTEIN JACK, CPA	
STREET ADDRESS	2885 BAYBERRY ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PROCTOR ROCHELLE	
STREET ADDRESS	2868 EVERCHARM PLACE	
CITY - ST - ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIELDS, BOB	
STREET ADDRESS	2461 ROLAC RD.	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Evan Yegelwel	
13 STREET ADDRESS	804 Blackstone Building	
14 CITY - ST - ZIP	Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Peter Bower	
33 STREET ADDRESS	4121 Water Oak Lane	
34 CITY - ST - ZIP	Jacksonville, FL 32210	
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jack Shorstein, CPA	
43 STREET ADDRESS	8265 Bayberry Road	
44 CITY - ST - ZIP	Jacksonville, FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Bob Shields	
63 STREET ADDRESS	2461 Rolac Road	
64 CITY - ST - ZIP	Jacksonville, FL 32217	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shelia Jacobson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shelia Jacobson

4/9/96 (904) 285-9656
Date Daytime Phone #

CR2E037 (12/95)