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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **N19203** (1)

1. Corporation Name

THE RIVER GARDEN FOUNDATION, INC.

Principal Place of Business	Mailing Address
11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258	11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-4500

3. Date Incorporated or Qualified	3a. Date of Last Report
02/11/1987	05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3100673	Applied For / Not Applicable
21	26		
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85	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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CD	☒ DELETE	1.1 TITLE **PD** ☒ Change ☐ Addition
NAME YEGELWEL, EVAN		1.2 NAME Bob Shields
STREET ADDRESS 804 BLACKSTONE BLDG		1.3 STREET ADDRESS 2461 Rolax Rd
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL
TITLE PD	☒ DELETE	2.1 TITLE **CD** ☒ Change ☐ Addition
NAME JACOBSON SHELIA		2.2 NAME Jacobson, Sheila
STREET ADDRESS 7561 FOUNDERS WAY		2.3 STREET ADDRESS 7561 Founders Way
CITY-ST-ZIP PONTE VEDRA BCH., FL 32082		2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082
TITLE VD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME BOWER, PETER		3.2 NAME
STREET ADDRESS 4121 WATER OAK LANE		3.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP
TITLE VD	☒ DELETE	4.1 TITLE **VD** ☐ Change ☒ Addition
NAME SHORSTEIN JACK, CPA		4.2 NAME Earle Traynham
STREET ADDRESS 8265 BAYBERRY ROAD		4.3 STREET ADDRESS 4567 St. John's Bluff Rd. S.
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, FL 32224
TITLE SD	☒ DELETE	5.1 TITLE **SD** ☐ Change ☒ Addition
NAME PROCTOR ROCHELLE		5.2 NAME Aaron Scharf
STREET ADDRESS 2868 EVERCHARM PLACE		5.3 STREET ADDRESS 104 Laurel Lane
CITY-ST-ZIP JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP Ponte Vedra Beach, FL
TITLE VD	☒ DELETE	6.1 TITLE **VD** ☐ Change ☒ Addition
NAME SHIELDS, BOB		6.2 NAME Mel Gottlieb
STREET ADDRESS 2461 ROLAC RD.		6.3 STREET ADDRESS 3028 Forest Circle
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP Jacksonville FL 32257

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4/8/97   (904) 646-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0007034

CR2E037 (9/96)