

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>02/11/1987</b>	
4. FEI Number <b>59-3100673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHELD'S, BOB	1.1 TITLE	TD SHERMAN, STEVEN
NAME	2461 ROLAX RD	1.2 NAME	3711 CATHEDRAL COVE
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	JACKSONVILLE, FL 32217
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD JACOBSON-SHEILA SHEILA	2.1 TITLE	
NAME	7561 FOUNDERS WAY	2.2 NAME	
STREET ADDRESS	PONTE VEDRA BCH., FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD BOWER, PETER	3.1 TITLE	
NAME	4121 WATER OAK LANE	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD TRAYNHAM, EARLE	4.1 TITLE	
NAME	4567 ST JOHNS BLUFF RD S	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD SCHARF, AARON	5.1 TITLE	
NAME	164 LAUREL LN	5.2 NAME	
STREET ADDRESS	PONTE VEDRA BCH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD GOTTLIEB, MEL	6.1 TITLE	
NAME	3028 FOREST CIR	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	
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14. I 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: \_\_\_\_\_ DATE: **4/21/98**

CP2E037 (10/97)