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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19203

1. Corporation Name
THE RIVER GARDEN FOUNDATION, INC.

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 02/11/1987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3100673 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | 24 25 29 30 | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PALEVSKY, ELLIOTT 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHERMAN, STEVEN | 1.2 NAME | |
| STREET ADDRESS | 3711 CATHEDRAL COVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | 1.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOBSON, SHEILA | 2.2 NAME | |
| STREET ADDRESS | 7561 FOUNDERS WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH., FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAYNHAM, EARLE | 3.2 NAME | |
| STREET ADDRESS | 4567 ST JOHNS BLUFF RD S | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHARF, AARON | 4.2 NAME | |
| STREET ADDRESS | 164 LAUREL LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOTTLIEB, MEL | 5.2 NAME | |
| STREET ADDRESS | 3028 FOREST CIR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | PD BOB SHIELDS |
| STREET ADDRESS | | 6.3 STREET ADDRESS | P.O. BOX 5489 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | JACKSONVILLE, FL 32207 |

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, with all other like empowered

SIGNATURE: _____ Date: 4/28/99 Daytime Phone #: 904 731-5100

CR2E037 (11/98)