

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90279 006 ****70.00

DOCUMENT # N19203

1. Entity 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



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3100673 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EDWARDS, JEFFREY R
STREET ADDRESS	2409 COUNTY DOCK RD
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	PD
NAME	SERKIN, MARJERY
STREET ADDRESS	6735 LINFORD LN
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VD
NAME	WILF, STACIE
STREET ADDRESS	2652 CATHEDRAL OAKS PL W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VD
NAME	GOTTLIEB, MEL
STREET ADDRESS	3028 FOREST CIR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	POLLOCK, MARSHA
STREET ADDRESS	2452 CASTELLON DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY R. EDWARDS

Date

4/29/04

Daytime Phone #

904 260.1818