

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19203

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE RIVER GARDEN FOUNDATION, INC.

Current Principal Place of Business:

11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3100673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOETZ, MARTIN A
11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: EDWARDS, JEFFREY R
Address: 2409 COUNTY DOCK RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: MAYBURY, VERONICA
Address: 15 MARINE STREET
City-St-Zip: JACKSONVILLE, FL 32084

Title: PD () Delete
Name: WILF, STACIE
Address: 8652 CATHEDRAL OAKS PL W
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete
Name: GOTTLIEB, MEL
Address: 3028 FOREST CIR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: HAZEL, CURTIS
Address: 10739 - 200 DEERWOOD PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: HARRIS, DEBBY
Address: 8121 MAR DEL PLATA ST. E
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACIE WILF

PD

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date