

# 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