

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19203

FILED  
Mar 14, 2011  
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  
Name: EDWARDS, JEFFREY R  
Address: 2409 COUNTY DOCK RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD  
Name: MAYBURY, VERONICA  
Address: 50 NORTH LAURA STREET, SUITE 3200  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: VD  
Name: GOTTLIEB, MEL  
Address: 4932 SUNBEAM ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: VD  
Name: HARRIS, DEBBY  
Address: 7845 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: STACIE WILF

PD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date