

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90418 048 ****70.00

0066464

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3100673**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **EDWARDS, JEFFREY R**
STREET ADDRESS **2409 COUNTY DOCK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **SERKIN, MARJERY**
STREET ADDRESS **6735 LINFORD LN**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **PD** Change Addition
NAME **SERKIN, MARJERY**
STREET ADDRESS **6735 LINFORD LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **SD** Delete
NAME **WILF, STACIE**
STREET ADDRESS **2652 CATHEDRAL OAKS PL W**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VD** Change Addition
NAME **WILF, STACIE**
STREET ADDRESS **2652 CATHEDRAL OAKS PLACE W**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **VD** Delete
NAME **GOTTLIEB, MEL**
STREET ADDRESS **3028 FOREST CIR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **HAZEL, TOM**
STREET ADDRESS **1301 RIVERPKICE BLVD STE 2300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** Change Addition
NAME **POLLOCK, MARSHA**
STREET ADDRESS **2452 CASTELLON DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marsha Pollock **MARSHA POLLOCK** **IREDMARSHA POLLOCK**

4/29/03

904-260-1878

CR2E037 (10/02)