2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004480



FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Name RIVER GARDEN GERIATRIC TRAINING CENTER, INC.									02	1-29-20	JUS 90	1296 U:	32 **** /	0.00
11401 OLD ST. AUGUSTINE ROAD 114				ing Address 401 OLD ST. AUGUSTINE ROAD KSONVILLE, FL 32258				14011619						
2. Principal P	Place of Busin	3. Mailing Address												
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				042620	05 C	hg-NP		CR2E0	37 (10/03))
City & State			City & State				4. FEI Number 59-33995			9		•	-	Applied For Not Applicable
Zip	Zip Country 4			Zip Cou			5. Certificate of Status Desired \$8.75 Addit Fee Required						dditional	
6. Name and Address of Current Registered				ent		7. Name	and Add	iress of I	New Re	gistered .	Agent			
COETZ N	AA DTINI					Name								
GOETZ, MARTIN 11401 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258				St			ddress (I	P.O. Box N	umber is	Not Acce	ptable)			
						City	_					FL	Zip Co	ode
8. The above the obligat SIGNATURE	tions of regis	y submits this statement for the tered agent. For printed name of registered egent environments.						ed agent, c		the State	of Flori	da. I am	familiar wit	n, and accept
Filing Fee Is \$61.25 Due by May 1, 2005														
	_		9.	Election Cam Trust Fund Co		-	0	\$5.00 M Added to F					k payable tment of	
10.	_					-		Added to f	ees	ES TO O	Florid	la Depar		State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by N GENDZIE 6395 LA L	lay 1, 2005	CTORS		11. TITLE NAME STREE	ion.		Added to f	ees	ES TO O	Florid	la Depar	tment of	State IN 10
TITLE NAME STREET ADDRESS	DUE by NO GENDZIE 6395 LA LIJACKSON D PALEVSK 11401 OL	OFFICERS AND DIRE ER, SHELDON LOMA DRIVE	CTORS	Trust Fund Co	11. TITLE NAME STREE NAME STREE NAME STREE NAME STREE	E ET ADDRESS	Α	Added to F	ees /CHANG		FICER	ia Depar	tment of RECTORS Change	State IN 10 Addition
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indicated on this report or supplied with this limit does not qualify for the exemption stated in Section 118.07(3)(f), Horida 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 empowers 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. The all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 886-8411

Daytime Phone #