

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004480

FILED
Mar 27, 2008
Secretary of State

Entity Name: RIVER GARDEN GERIATRIC TRAINING CENTER, INC.

Current Principal Place of Business:

11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3399599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOETZ, MARTIN
11401 OLD ST. AUGUSTINE ROAD
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: DP () Delete
Name: GENDZIER, SHELDON
Address: 6395 LA LOMA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: GOETZ, MARTIN
Address: 11401 OLD ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST () Delete
Name: PAUL, HERMAN S
Address: 2468 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SHUBERT, LINDA
Address: 11401 OLD ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: SORNA, BETTY
Address: 11401 OLD ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GENDZIER, SHELDON
Address: 3825 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: DST (X) Change () Addition
Name: PAUL, HERMAN S
Address: 4981 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

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: BETTY SORNA

D

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date