

# 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