

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 14, 2011
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: PD
Name: GENDZIER, SHELDON
Address: 11501 OLD ST. AUGUSTINE RD, APT 18
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: STD
Name: PAUL, HERMAN S
Address: 2482 SEGOVIA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: LEGER KRALL, LINDA
Address: 11401 OLD ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258

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

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: SHELDON GENDZIER

PD

03/14/2011

Electronic Signature of Signing Officer or Director

Date