

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19203

**FILED**  
**Aug 04, 2023**  
**Secretary of State**  
**5865140386CC**

**Entity Name:** THE RIVER GARDEN FOUNDATION, INC.

**Current Principal Place of Business:**

11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258

**FEI Number: 59-3100673**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MIZRAHI, MAURI A  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258 US

*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

**Officer/Director Detail :**

Title CFO  
Name SORNA, BETTY  
Address 11401 OLD ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT  
Name ZIMMERMAN, SANDY  
Address 8184 GREEN GLADE RD  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name FRISCH, ADAM  
Address 8007 HAMPTON PARK BLVD E  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name MAIL, ANDREA  
Address 2737 BEAUCLERC RD  
City-State-Zip: JACKSONVILLE FL 32257

Title CEO  
Name MIZRAHI, MAURI  
Address 11401 OLD ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32258

Title TREASURER  
Name SHUMAN, SHARI  
Address 2547 BISHOP ESTATES RD  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name JACOBS, KENNETH  
Address 50 N LAURA ST, SUITE 1100  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name HARRIS, TOM  
Address 2850 CASA DEL RIO TERRACE  
City-State-Zip: JACKSONVILLE FL 32257

*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: BETTY SORNA**

**CFO**

**08/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date