

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19203

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC1511089252**

**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:**

GOETZ, MARTIN 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 VD  
Name EDWARDS, JEFFREY R  
Address 2409 COUNTY DOCK RD  
City-State-Zip: JACKSONVILLE FL 32223

Title CHAIRMAN, DIRECTOR  
Name MAYBURY, VERONICA  
Address 637 SAND ISLES CIRCLE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VD  
Name DUBOW, SUSAN  
Address 2805 BEAUCLERC RD  
City-State-Zip: JACKSONVILLE FL 32257

Title PRESIDENT, DIRECTOR  
Name ROGOZINSKI, JEANINE  
Address 3223 FRONT ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title VP, DIRECTOR  
Name PARKER, DEBBIE  
Address 2348 RIVER RD  
City-State-Zip: JACKSONVILLE FL 32207

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

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

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

**Continues on page 2**

*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**

**03/28/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER, DIRECTOR  
Name           PRICE, MICHAEL  
Address        9139 MARGOLYN COURT  
City-State-Zip: JACKSONVILLE FL 32257