

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19203

FILED
Apr 23, 2019
Secretary of State
2198046866CC

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

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

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

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

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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

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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