


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90116 006 \*\*\*\*61.25

<b>DOCUMENT # N40872</b> 1. Entity Name <b>STEWARDS OF THE ST. JOHNS RIVER, INC.</b>					
Principal Place of Business <b>P.O. Box 8670</b> <b>JACKSONVILLE FL 32245</b> <b>Fleming Island, FL 32006-0016</b>		Mailing Address <b>Change of Address</b> <b>P.O. Box 8670</b> <b>JACKSONVILLE FL 32245</b> <b>Fleming Island, FL 32006-0016</b>			
2. Principal Place of Business <b>P.O. Box 8670</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 8670</b> Suite, Apt. #, etc.			
City & State <b>Fleming Island, FL</b> Zip <b>32006-0016</b>		City & State <b>Fleming Island, FL</b> Zip <b>32006-0016</b>		4. FEI Number <b>59-3040833</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BALDWIN, JOHN</b> <b>RTEZ RD</b> <b>JACKSONVILLE FL 32246</b>			7. Name and Address of New Registered Agent Name <b>Nelson Hellmuth</b> Street Address (P.O. Box Number is Not Acceptable) <b>1738 Kingsley Ave.</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Nelson Hellmuth</b> <b>Nelson Hellmuth</b> <b>4/11/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOC</b> <b>MATHEWS, CAROL L.</b> <input type="checkbox"/> Delete <b>2744 OLD RIVER RD</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DON LOOP</b> <b>674 Frederic Dr.</b> <b>Green Cove Springs, FL 32043</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>BASS, ROGER</b> <input checked="" type="checkbox"/> Delete <b>10536 INVERNESS</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MIKE LUTIE</b> <b>622 Frederic Dr.</b> <b>Green Cove Springs, FL 32043</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HELLMUTH, NELSON</b> <input type="checkbox"/> Delete <b>1205 ORANGE CIR N</b> <b>ORANGE PARK FL 32073</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BALDWIN, DAVID</b> <input checked="" type="checkbox"/> Delete <b>2847 CORIS RD.</b> <b>JACKSONVILLE FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Nelson Hellmuth</b> <b>Nelson Hellmuth</b> <b>4/15/04</b> <b>904-269-8380</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					