

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004975

Entity Name: ST. JOHNS RIVERKEEPER, INC.**Current Principal Place of Business:**2800 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211**Current Mailing Address:**2800 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211**FEI Number:** 59-3611338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTH, JIMMY C
2800 UNIVERSITY BLVD., N
JACKSONVILLE, FL 32211 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:** JIMMY ORTH

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DANCIGER, AGNES
Address 1867 GREENWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name SCHWARZ, JIM
Address 2358 RIVERSIDE AVE, #1003
City-State-Zip: JACKSONVILLE FL 32204

Title CHAIRMAN
Name TRAINER, JOHN
Address 8841 PALLAZZO TERRACE
City-State-Zip: JACKSONVILLE FL 32217

Title VC
Name FREEMAN, STEPHANIE
Address 4655 ORTEGA FARMS CIRCLE
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name LAMB, VINCE
Address 11590 DRAGON POINT DRIVE
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR
Name PAJCIC, SETH
Address 1 INDEPENDENT DR
STE. 1900
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name SHEFELBINE, KELLY
Address 13846 ATLANTIC BLVD.
909
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name GRAY, SAUNDRA
Address 263 BAYOU CIRCLE
City-State-Zip: DEBARY FL 32713

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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: JOHN TRAINER

CHAIRMAN

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LITTLEPAGE, RON
Address 3331 FITCH STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name MERRITT, KENYON
Address 5027 LONG BOW RD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name JONES, MARTY
Address 24 LAKE JULIA DR S.
City-State-Zip: PONTE VEDRA FL 32082