

**2020 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

06/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title TREASURER  
Name KENNEDY, KEVIN  
Address 1104 CREEKWOOD WAY N.  
City-State-Zip: ST. JOHNS FL 32259

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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:** MARTY JONES

CHAIRMAN

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	COXE, HANK
Address	1824 MCINTOSH PLACE
City-State-Zip:	JACKSONVILLE FL 32210