

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007994

FILED  
Sep 07, 2006  
Secretary of State

Entity Name: ST. JOHNS RIVER ALLIANCE, INC.

**Current Principal Place of Business:**

618 SARITA STREET  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2288  
SANFORD, FL 32772

**New Mailing Address:**

FEI Number: 20-1416254      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATTHEWS, MINDY A ED  
618 SARITA STREET  
SANFORD, FL 32773      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

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: CARLSON, SUE HON.  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: O ( ) Delete  
Name: PEYTON, JOHN MAYOR  
Address: 117 WEST DUVAL STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: O ( ) Delete  
Name: HARRIS, NANCY HON.  
Address: 315 NORTH SUMMIT STREET  
City-St-Zip: CRESCENT CITY, FL 32112

Title: O ( ) Delete  
Name: HENDERSON, CLAY PA  
Address: 200 SOUTH ORANGE AVE., SUITE 2600  
City-St-Zip: ORLANDO, FL 32801

Title: ED ( ) Delete  
Name: MATTHEWS, MINDY A  
Address: 618 SARITA STREET  
City-St-Zip: SANFORD, FL 32773 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MINDY A. MATTHEWS

ED

09/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date