## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000007994

Entity Name: ST. JOHNS RIVER ALLIANCE, INC.

FILED Sep 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

618 SARITA STREET 2029 NORTH THIRD STREET SANFORD, FL 32773 JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

P.O. BOX 2288 2029 NORTH THIRD STREET SANFORD, FL 32772 JACKSONVILLE BEACH, FL 32250

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
MIDDLEBROOK, MARK RA
2029 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 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: MARK MIDDLEBROOK 09/18/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: O ()Delete Title: CH (X)Change ()Addition

Name: CARLSON, SUE HON. Name: DELANEY, JOHN PRES

Address: 2725 JUDGE FRAN JAMIESON WAY Address: 4567 ST. JOHNS BLUFF ROAD SOUTH

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete Title: (X) Change ( ) Addition Name: PEYTON, JOHN MAYOR Name: NORTHEY, PATRICIA HON Address: 117 WEST DUVAL STREET Address: 123 W. INDIANA AVENUE City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: DELAND, FL 32720

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

Title: O ( ) Delete Title: TREA (X) Change ( ) Addition

Name: HENDERSON, CLAY PA Name: HENDERSON, CLAY PA

Address: 200 SOUTH ORANGE AVE., SUITE 2600 Address: 200 SOUTH ORANGE AVE., SUITE 2600

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: ED (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MATTHEWS, MINDY A
 Name:

 Address:
 618 SARITA STREET
 Address:

 City-St-Zip:
 SANFORD, FL 32773 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLAY HENDERSON TREA 09/18/2007

Electronic Signature of Signing Officer or Director

Date