2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N03000007994

Entity Name: ST. JOHNS RIVER ALLIANCE, INC.

Current Principal Place of Business:

2029 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

2029 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-1416254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOK, MARK RA
2029 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: CH ( ) Delete
Name: DELANEY, JOHN PRES
Address: 4567 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VCH ( ) Delete
Name: NORTHEY, PATRICIA HON
Address: 123 W. INDIANA AVENUE
City-St-Zip: DELAND, FL 32720

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

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

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:

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: JOHN DELANEY CH 04/07/2008
Electronic Signature of Signing Officer or Director — Date