

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007994

FILED  
Apr 06, 2009  
Secretary of State

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: TREA (X) Change ( ) Addition  
Name: STRICKLAND, DAVID  
Address: 501 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202

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

04/06/2009

Electronic Signature of Signing Officer or Director

Date