

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011786

FILED
Apr 23, 2009
Secretary of State

Entity Name: STANTON ROWING AT RIVER BANK, INC.

Current Principal Place of Business:

1133 RIVER BANK COURT
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351586
JACKSONVILLE, FL 322351586

New Mailing Address:

FEI Number: 26-1844905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURANT, STEPHEN H
1133 RIVER BANK COURT
JACKSONVILLE, FL 32207 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: D () Delete
Name: DURANT, ELLEN S
Address: 4645 MONUMENT POINT CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: DURANT, STEPHEN H
Address: 4645 MONUMENT POINT CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: HITCHCOCK, STEVEN T
Address: 1826 PLEASANT POINT LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: LEASURE, KEVIN P
Address: 6322 CHRISTOPHER CREEK ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: PIPES, STANLEY H JR.
Address: 11554 STARBOARD DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SMITH, BARBARA
Address: 12293 MOUNTAIN VIEW TERRACE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KING, ALLISON
Address: 3111 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: D (X) Change () Addition
Name: BLACK, KENNETH JR
Address: 1135 RIVER BANK COURT
City-St-Zip: JACKSONVILLE, FL 32207

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: STANLEY H PIPES, JR

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date