

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07256

FILED  
Jan 19, 2008  
Secretary of State

**Entity Name:** ST. LUCIE RIVER BLESSING OF THE FLEET AND MARINE PARADE, INC.

**Current Principal Place of Business:**

5367 SE ACADIA TERRACE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

5367 SE ACADIA TERRACE  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

**FEI Number:** 59-2824344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUAIN, MICHAEL H  
5367 SE ACADIA TERRACE  
HOBE SOUND, FL 33455 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: TD ( ) Delete  
Name: QUAIN, MICHAEL H  
Address: 5367 SE ACADIA TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete  
Name: TILL, DONALD S  
Address: 160 SE ST. LUCIE BLVD.  
City-St-Zip: STUART, FL 34996 US

Title: SD ( ) Delete  
Name: ESSENBURG, SHERYL  
Address: 1850 SW PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

**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:

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: MICHAEL H. QUAIN

TD

01/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date