FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40872 (6)

1. Corporation Name
STEWARDS OF THE ST. JOHNS RIVER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 54123 JACKSONVILLEINE FL 32245	P.O. BOX 54123 JACKSONVILLEINE FL 32245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1990
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-3040833 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ADSIT, JOHN N.
2782 PACES FERRY RD., SO.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: ARDITH H. KLING
82 Street Address (P.O. Box Number is Not Acceptable): 3514 E. Waverly Dock Rd.
83
84 City: Jacksonville, 85 FL Zip Code: 32223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ardith H. Kling, Treasurer — Ardith H Kling — 4-04-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, DAVID Q. 2335 HOLLY LEAF LANE ORANGE PARK FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D /CoC KAMM, Jeffrey 2507 U.S. #1 South St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADSIT, JOHN, N 2782 PACES FERRY RD SO ORANGE PARK FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D /CoC SOLOMON, Howard 6110 Powers Ave. Jacksonville, FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, BEN 11610 STATE ROAD 13 JACKSONVILLE FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/S MATTHEWS, Carol L. 2744 Old River Rd Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAL, TOM 5238 RIVER PARK VILLA DR ST AUGUSTINE FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/T KLING, Ardith H. 3514 E. Waverly Dock Rd Jacksonville, FL 32223	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARZ 3617 CROWN POINT ROAD JACKSONVILLE FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ardith H Kling — ARDITH H. KLING — 4/04/95 — 904/260-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #