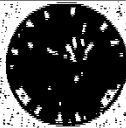


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
JACKSONVILLE FL 32245

P.O. BOX 54123
JACKSONVILLE 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

ARDITH H. KLING

82 Street Address (P.O. Box Number is Not Acceptable)

3514 E. Waverly Dock Rd.

83

84 City

Jacksonville,

FL

85 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Ardith H. Kling 4-04-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	MILLER, DAVID Q.
STREET ADDRESS	2335 HOLLY LEAF LANE
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	ADSIT, JOHN N
STREET ADDRESS	2782 PACES FERRY RD SO
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	WILLIAMS, BEN
STREET ADDRESS	11810 STATE ROAD 13
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	BEAL, TOM
STREET ADDRESS	5238 RIVER PARK VILLA DR
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	D
NAME	SCHWARZ
STREET ADDRESS	3617 CROWN POINT ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D /CoC	☒ Change ☐ Addition
1.2 NAME	KAMM, Jeffrey	
1.3 STREET ADDRESS	2507 U.S. #1 South	
1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
2.1 TITLE	D /CoC	☒ Change ☐ Addition
2.2 NAME	SOLOMON, Howard	
2.3 STREET ADDRESS	6110 Powers Ave.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
3.1 TITLE	D/S	☒ Change ☐ Addition
3.2 NAME	MATTHEWS, Carol L.	
3.3 STREET ADDRESS	2744 Old River Rd	
3.4 CITY-ST-ZIP	Jacksonville, FL 32223	
4.1 TITLE	D/T	☒ Change ☐ Addition
4.2 NAME	KLING, Ardith H.	
4.3 STREET ADDRESS	3514 E. Waverly Dock Rd	
4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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

TELEPHONE