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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40872** (6)

1. Corporation Name

**STEWARDS OF THE ST. JOHNS RIVER, INC.**

Principal Place of Business <b>P.O. BOX 54123 JACKSONVILLE FL 32245</b>	Mailing Address <b>P.O. BOX 54123 JACKSONVILLE FL 32245-4123</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1990</b>		3a. Date of Last Report <b>04/30/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3040833</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**KLING, ARDITH H.**  
**3514 E. WAVERLY DOCK RD.**  
**JACKSONVILLE FL 32223**

81 Name <b>BALDWIN, DAVID</b>	85 Zip Code <b>32246</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2847 CORTEZ RD.</b>	
83 City <b>JACKSONVILLE FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **DAVID G. BALDWIN** *David G. Baldwin* **February 13, '97**  
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	<b>DCOC SOLOMON, HOWARD 13110 MANDARIN RD JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>Chairperson DCOC MATTHEWS, CAROL L. 2944 Old River Rd Jacksonville, FL 32223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS MATTHEWS, CAROL L. 2744 OLD RIVER RD JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Vice-Chairperson D BASS, ROGER 10536 Inverness Jacksonville, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT KLING, ARDITH H. 3514 E WAVERLY DOCK RD JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Secretary DS Kling, ARDITH H. 3514 E. Waverly Dock Rd Jacksonville, FL 32223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHWARZ 3617 CROWN POINT ROAD JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>Treasurer DT Baldwin, DAVID 2847 Cortez Rd Jacksonville, FL 32246</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ardith H. Kling* **ARDITH H. KLING** (904)  
**2/13/97** **260-0425**  
Date Daytime Phone

CR2E037 (9/96)