2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# N40872

Entity Name: STEWARDS OF THE ST. JOHNS RIVER, INC.

Current Principal Place of Business:

P.O. BOX 8670
FLEMING ISLAND, FL 32006

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8670
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 59-3040833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLMUTH, NELSON
1738 KINGLSEY AVE
ORANGE PARK, FL 32073 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: DCOC ( ) Delete
Name: MATHEWS, CAROL L.
Address: 2744 OLD RIVER RD
City-St-Zip: JACKSONVILLE, FL

Title: ED ( ) Delete
Name: LOOP, DON
Address: 674 FVEDERIC DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete
Name: HELLMNTH, NELSON
Address: 1205 ORANGE CIR N
City-St-Zip: ORANGE PARK, FL 32073

Title: P ( ) Delete
Name: LURIE, MIKE
Address: 622 FREDERIC DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCOC (X) Change ( ) Addition
Name: MATHEWS, CAROL L.
Address: 10076 PERSIMMON HILL CT
City-St-Zip: JACKSONVILLE, FL 32256

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 for the exemption stated in Section 119.07(3)(i), 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: NELSON HELLMUTH S 04/08/2005

Electronic Signature of Signing Officer or Director — Date