

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N40872

1. Entity Name

STEWARDS OF THE ST. JOHNS RIVER, INC.



Principal Place of Business

P.O. BOX 8670
FLEMING ISLAND, FL 32006

Mailing Address

P.O. BOX 8670
FLEMING ISLAND, FL 32006



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3040833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLMUTH, NELSON
1738 KINGLSEY AVE
ORANGE PARK, FL 32073

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCOC
NAME	MATHEWS, CAROL L.
STREET ADDRESS	10076 PERSIMMON HILL CT
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	ED
NAME	LOOP, DON
STREET ADDRESS	674 FVDERIC DR
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	S
NAME	HELLMNTH, NELSON
STREET ADDRESS	1205 ORANGE CIR N
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	P
NAME	LURIE, MIKE
STREET ADDRESS	622 FREDERIC DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000514131
04/29/06-80159-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelson Hellmuth *Nelson Hellmuth* 4/12/06 (904)269-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #