

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 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**



04092008 No Chg-NP CR2E037 (4/06)

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, 2008**

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-STATE-ZIP	JACKSONVILLE, FL 32256
TITLE	ED
NAME	LOOP, DON
STREET ADDRESS	674 FVEDERIC DR
CITY-STATE-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	S
NAME	HELLMUTH, NELSON
STREET ADDRESS	1205 ORANGE CIR N
CITY-STATE-ZIP	ORANGE PARK, FL 32073
TITLE	P
NAME	LURIE, MIKE
STREET ADDRESS	622 FREDERIC DRIVE
CITY-STATE-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UD0000931864
05/23/08-80032-001 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 4/28/08 964-269-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #