


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N45698 1. Entity Name SAVE THE ST. JOHNS RIVER, INC.	
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Principal Place of Business 4045 EDGEWOOD PL COCOA, FL 32926 US	Mailing Address 4045 EDGEWOOD PL COCOA, FL 32926 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2800813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LEROY
4045 EDGEWOOD PL
COCOA, FL 32926

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000164576
07/08/04-80014-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WRIGHT, LEROY 4045 EDGEWOOD PL COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GLEASON, LARRY 5420 FRIENDLY ST COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WRIGHT, JOYCE 4045 EDGEWOOD PL COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RICHARDSON, JOHN R 838 MALLARD ROAD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Leroy Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-04

321-632-8403
Date Daytime Phone #