

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # N46207 (9)

1. Corporation Name
ST. LUCIE RIVER INITIATIVE, INC.

Principal Place of Business Mailing Address
**851 JOHNSON AVENUE P O BOX 2082
STUART FL 34994 STUART FL 34995
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1991	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0304205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**CRARY, LAWRENCE E., III
555 COLORADO AVENUE
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORDAN, F.D.
STREET ADDRESS	71 SOUTH RIVER RD.
CITY-ST-ZIP	STUART FL
TITLE	VD
NAME	HENDERSON, KEVIN
STREET ADDRESS	645 OVERLOOK DR.
CITY-ST-ZIP	STUART FL
TITLE	STD
NAME	CRARY, LAWRENCE E., III
STREET ADDRESS	555 COLORADO AVE.
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	KINANE, TIM
STREET ADDRESS	47 E. OCEAN BLVD.
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	KELLY, MATT
STREET ADDRESS	1040 N W TERRACE RD
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	QUACKENBOS, MAX
STREET ADDRESS	1778 NW PALMETTO TERRACE
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in this report, or in an attachment with an address.

SIGNATURE: _____ DATE: **3/8/95**
Signature and typed or printed name of signing officer or director