

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46207** (9)  
1. Corporation Name  
**ST. LUCIE RIVER INITIATIVE, INC.**



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

3. Date Incorporated or Qualified: **11/25/1991**  
3a. Date of Last Report: **03/13/1995**  
4. FEI Number: **65-0304205**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	JORDAN, F.D. [DELETE]	1.1 TITLE: D	[Change] [X] Addition
NAME: JORDAN, F.D.		1.2 NAME: STELLA BOLAND	
STREET ADDRESS: 71 SOUTH RIVER RD.		1.3 STREET ADDRESS: 120 W Ocean Blvd.	
CITY-ST-ZIP: STUART FL		1.4 CITY-ST-ZIP: Stuart, FL 34994	
TITLE: VD	HENDERSON, KEVIN [DELETE]	2.1 TITLE: D	[Change] [X] Addition
NAME: HENDERSON, KEVIN		2.2 NAME: LESLIE CARLSON	
STREET ADDRESS: 645 OVERLOOK DR.		2.3 STREET ADDRESS: 615 SW St. Lucie Crescent	
CITY-ST-ZIP: STUART FL		2.4 CITY-ST-ZIP: Stuart, FL 34994	
TITLE: STD	CRARY, LAWRENCE E., III [DELETE]	3.1 TITLE: D	[Change] [X] Addition
NAME: CRARY, LAWRENCE E., III		3.2 NAME: PEGGY MCCORD	
STREET ADDRESS: 555 COLORADO AVE.		3.3 STREET ADDRESS: 1534 NW Spruce Ridge	
CITY-ST-ZIP: STUART FL		3.4 CITY-ST-ZIP: Stuart, FL 34994	
TITLE: D	KINANE, TIM [DELETE]	4.1 TITLE: D	[Change] [X] Addition
NAME: KINANE, TIM		4.2 NAME: CATHY REEDER	
STREET ADDRESS: 47 E. OCEAN BLVD.		4.3 STREET ADDRESS: 1140 E 12th Street	
CITY-ST-ZIP: STUART FL		4.4 CITY-ST-ZIP: Stuart, FL 34996	
TITLE: D	KELLY, MATT [DELETE]	5.1 TITLE:	[Change] [ ] Addition
NAME: KELLY, MATT		5.2 NAME:	
STREET ADDRESS: 1040 N W TERRACE RD		5.3 STREET ADDRESS:	
CITY-ST-ZIP: STUART FL		5.4 CITY-ST-ZIP:	
TITLE: D	QUACKENBOS, MAX [DELETE]	6.1 TITLE:	[Change] [ ] Addition
NAME: QUACKENBOS, MAX		6.2 NAME:	
STREET ADDRESS: 1778 NW PALMETTO TERRACE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: STUART FL		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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence E. Crary* 1/29/96 (407) 287-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)