FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N46207 DOCUMENT #

(9)

ST. LUCIE RIVER INITIATIVE, INC.				l stadioù dia diare trito data atri-	. .		
Principal Place of Business Mailing Address					a tabinion bin bigid bitak tabih obnit il	ide dible bidit didii didii didii dilii didii iddi	
851 JOHNSON AVENUE STUART FL 34994 US		P O BOX 2062 STUART FL 34995 US					
					 Date Incorporated or Qualified 11/25/1991 	3s. Date of Last Report 03/13/1995	
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0304205	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$9.75 Additional		
City & State		27		5. Certificate of Status Desired	Fee Required		
23		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Count	ry	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees	
24	25	29	30		Florida Statutes	Yes □ No	
	9. Name and Address of Currer	nt Registered Agent		AT 22	10. Name and Address of New Re	gistered Agent	
00404	1 114/DEMOR P . III		Į8	1 Name			
CRARY, LAWRENCE E., III 555 COLORADO AVENUE			8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
	FL 34994		8	3			
010/41/	1 6 0 100 1						
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the above	-named cor	poration submits this statement for the purp	ose of changing its registered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 .							
12.	Signature, typed or printed name of registered agent OFFICERS AN		OTE. Registered A	gent signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	PD	TOELETE	1.1 1111.6	<u> </u>	D	Change X Addition	
NAME:	JORDAN, F.D.	_	1.2 NAM		STELLA BOLAND		
STREET ADDRESS	71 SOUTH RIVER RD.		1.3 STRE	ET ADDRESS	120 W Ocean Blvd.		
CITY-ST-ZIP	STUART FL		1.4 CITY	-ST-ZIP	Stuart, FL 34994		
TITLE	VD	DELETE	21 TITLE		D	☐ Change 🔀 Addition	
NAME	HENDERSON, KEVIN		22 NAM	E	LESLIE CARLSON		
STREET ADDRESS	645 OVERLOOK DR.		2.3 STRE	ET ADDRESS	615 SW St. Lucie Ores	cent	
CITY-S1-ZIP	STUART FL			'-ST-ZIP	Stuart, FL 34994		
TITLE	STD Crary, Lawrence E., III	DELETE	3.1 TITLE	1	D	Change 🔼 Addition	
NAME STREET ADDRESS	555 COLORADO AVE.		3.2 NAM	·	PEGGY MCCORD		
CHTY-ST-ZIP	STUART FL			ET ADDRESS	1534 NW Spruce Ridge		
TITLE	D	DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP	Stuart, FL 34994	Change X Addition	
NAME	KINANE, TIM		4. 2 NAN		D CAMIN DESDED	C change M Modition	
STREET ADDRESS	47 E. OCEAN BLVD.			ET ADDRESS	CATHY REEDER	İ	
CITY-ST-ZIP	STUART FL		4.4 City	-ST-ZIP	1140 E 12th Street Stuart, FL 34996		
TITLE	D	DELETE	5.1 TITLE		Stuart, FL 34990	Change Addition	
NAME	KELLY, MATT		5.2 NAM	ε			
STREET ADDRESS	1040 N W TERRACE RD		5.3 STRE	ET ADORESS			
CITY-ST-ZIP	STUART FL		5.4 CITY				
TITLE	D D	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	QUACKENBOS, MAX	`	6.2 NAM				
STREET ADDRESS	1778 NW PALMETTO TERRAC STUART FL	, C		ET ADDRESS			
CITY-ST-ZIP		with this filling is valuntarily for	6.4 CITY nished and do	-ST-ZIP	by for the exemption stated in Casting 140.00	7/0)/// Florido Otolidos I 4 - 4 -	
certify that	the information indicated on this annu	is report or supplemental pri	nual record is t	ruo cod coo	fy for the exemption stated in Section 119.0	(O)(N) FIORIDA STATUTES. I TUTTIE!	

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 is changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED

1/29/96 (407) 287-2600