FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

ST. LUCIE RIVER INITIATIVE, INC.					
Principal Place	e of Business	Mailing Address			L INDIVIDU ALI ELDER SUNS TEDIS DANIA DADI BERLU BIDDI ALBERT BIDDI ALBERT BIDDI
851 JOHNSON AVENUE STUART FL 34994 US		P O BOX 2082 STUART FL 34995-2082 US			Date Incorporated or Qualified
					11/25/1991 02/01/1996
2. Principal Place of Business 21 555 Odlorado Ave.		2a. Mailing Address 26			4. FEI Number Applied For 65-0304205 Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23 Stuart, FL		28			Trust Fund Contribution Added to Fees
Zip 34 99	Country 25 USA	Zip	Counti	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24 3477	9. Name and Address of Curren		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent
			8	Name	
CRARY	LAWRENCE E., III		\\	N 00000 Add	ddress (P.O. Box Number is Not Acceptable)
	LORADO AVENUE		8	Street Au	duress (P.O. Box Inumber is Inot Acceptable)
	FL 34994		8	3	
			8	City	85 Zip Code
				_	
11. Pursuant to office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida. Such change was a	es, the abor authorized b	ve-named co by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	orida Statute	es.	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOT	F: Registered A	pent signatura rec	equired when reloateling DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	Jordan, F.D.		1.2 NAMI	:	
STREET ADDRESS	71 SOUTH RIVER RD.		1.3 STRE	ET ADDRESS	
CITY - ST - ZIP	STUART FL	TTALLEY	1.4 CITY		La production of the state of t
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HENDERSON, KEVIN		2.2 NAME		
STREET ADDRESS	645 OVERLOOK DR.			ET ADDRESS	·
CITY-ST-ZIP TITLE	STUART FL STD	DELETE	2. 4 CITY 3.1 TITLE		☐ Change ☐ Addition
NAME	CRARY, LAWRENCE E., III		3.2 NAMI	i i	
STREET ADDRESS	555 COLORADO AVE.			ET ADDRESS	
CITY-ST-ZIP	STUART FL		3.4. CITY		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	KINANE, TIM		4. 2 NAM	E	
STREET ADDRESS	47 E. OCEAN BLVD.		4.3 STRE	ET ADDRESS	
CITY-ST-ZIP	STUART FL		4.4 CITY	ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, MATT		5.2 NAME		1
STREET ADDRESS	1040 N W TERRACE RD			ET ADDRESS	
CITY-ST-ZIP	STUART FL	☐ DELETE	5.4 CITY		☐ Change ☐ Addition
TITLE	D DIACKENBOG MAY	☐ DELETE	6.1 TITLE	ì	— □ crange L. Adomic
NAME	QUACKENBOS, MAX 1778 NW PALMETTO TERRA	CE	6.2 NAMI	1	
STREET ADDRESS	1//6 NW PALMETIC TERRA	.VL	6.3 STRE	ET ADDRESS	

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

FILED

Jan 27 1997 8:00am

Secretary of State