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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 651 JOHNSON AVENUE, STUART FL 34994, US
Mailing Address: P O BOX 2082, STUART FL 34995-2082, US

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business: 21 555 Colorado Ave., 22 Suite 1, 23 Stuart, FL, 24 34994, 25 USA
2a. Mailing Address: 26, 27, 28, 29, 30
4. FEI Number: 65-0304205
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

Table with 12 columns for Officers and Directors and 13 columns for Additions/Changes to Officers and Directors in 12. Includes names like PD JORDAN, F.D., VD HENDERSON, KEVIN, STD CRARY, LAWRENCE E., III, D KINANE, TIM, D KELLY, MATT, D QUACKENBOS, MAX.

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: [Signature] Secretary/Treasurer 1/17/97 (561)2872600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072011

CR2E037 (9/96)