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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

555 COLORADO AVE.
SUITE 1
STUART FL 34994
US

Mailing Address

P O BOX 2082
STUART FL 34995
US

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

65-0304205

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JORDAN, F.D.
STREET ADDRESS 71 SOUTH RIVER RD.
CITY-ST-ZIP STUART FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME HENDERSON, KEVIN
STREET ADDRESS 645 OVERLOOK DR.
CITY-ST-ZIP STUART FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME CRARY, LAWRENCE E., III
STREET ADDRESS 555 COLORADO AVE.
CITY-ST-ZIP STUART FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME KINANE, TIM
STREET ADDRESS 47 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KELLY, MATT
STREET ADDRESS 1040 N W TERRACE RD
CITY-ST-ZIP STUART FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME QUACKENBOS, MAX
STREET ADDRESS 1778 NW PALMETTO TERRACE
CITY-ST-ZIP STUART FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Lawrence E. Crary III

LAWRENCE E. Crary III

1/6/98 (561) 287 2600

CR2E037 (10/97)