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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90176 038 \*\*\*\*61.25

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DOCUMENT # N46207

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 34996 US

150401 90176 38



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

65-0304205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 12 Castle Hill Way 1.4 CITY-ST-ZIP Stuart, FL 34994

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

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

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 310 Denver Ave. 4.4 CITY-ST-ZIP Stuart, FL 34994

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 530 SE St. Lucie Blvd. 5.4 CITY-ST-ZIP Stuart, FL 34994

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, with all other like empowered.

SIGNATURE:

Signature of Lawrence E. Crary III, Secretary, 4/5/98, (561) 287-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1198)