
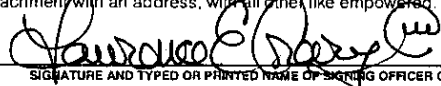


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90002 033 \*\*\*\*61.25

<b>DOCUMENT # N46207</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0304205	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRARY, LAWRENCE E., III 555 COLORADO AVENUE STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, F.D.		NAME	Mike Brown, Jr.	
STREET ADDRESS	12 CASTLE HILL WAY		STREET ADDRESS	100 S. Second Street	
CITY-ST-ZIP	STUART, FL 34946		CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, LESLIE		NAME	Ed Weinberg, E.W. Consultants	
STREET ADDRESS	1650 S KANNER HWY #201		STREET ADDRESS	851 Johnson Avenue, suite 220	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRARY, LAWRENCE E., III		NAME	Mike Crook	
STREET ADDRESS	555 COLORADO AVE.		STREET ADDRESS	33 S. Flagler Avenue	
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINANE, TIMOTHY J		NAME	Timothy J. Kinane	
STREET ADDRESS	310 DENVER AVENUE		STREET ADDRESS	1503 SE Riverside Drive	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MATT		NAME		
STREET ADDRESS	530 SE ST LUCIE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUACKENBOS, MAX		NAME		
STREET ADDRESS	1778 NW PALMETTO TERRACE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all of the like empowered.					
SIGNATURE: 		Lawrence E. Crary III		7/9/04 (772) 287-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary/Director		Date Daytime Phone #	

54064518



07092004 Chg-NP CR2E037 (10/03)