

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # N46207**

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**

**54064518**



07092004 Chg-NP CR2E037 (10/03)

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**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME JORDAN, F.D.  
STREET ADDRESS 12 CASTLE HILL WAY  
CITY-ST-ZIP STUART, FL 34946

TITLE D ☐ Change ☒ Addition  
NAME Mike Brown, Jr.  
STREET ADDRESS 100 S. Second Street  
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE D ☐ Delete  
NAME CARLSON, LESLIE  
STREET ADDRESS 1650 S KANNER HWY #201  
CITY-ST-ZIP STUART, FL 34994

TITLE D ☐ Change ☒ Addition  
NAME Ed Weinberg, E.W. Consultants  
STREET ADDRESS 851 Johnson Avenue, suite 220  
CITY-ST-ZIP Stuart, FL 34994

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

TITLE D ☐ Change ☒ Addition  
NAME Mike Crook  
STREET ADDRESS 33 S. Flagler Avenue  
CITY-ST-ZIP Stuart, FL 34994

TITLE D ☐ Delete  
NAME KINANE, TIMOTHY J  
STREET ADDRESS 310 DENVER AVENUE  
CITY-ST-ZIP STUART, FL 34994

TITLE D ☒ Change ☐ Addition  
NAME Timothy J. Kinane  
STREET ADDRESS 1503 SE Riverside Drive  
CITY-ST-ZIP Stuart, FL 34994

TITLE D ☐ Delete  
NAME KELLY, MATT  
STREET ADDRESS 530 SE ST LUCIE BLVD.  
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 other like empowered.

**SIGNATURE:**

*Lawrence E. Crary III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lawrence E. Crary III**

**7/9/04**

**(772) 287-2600**

Secretary/Director

Date

Daytime Phone #