

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90233 029 \*\*\*\*61.25



**DOCUMENT # N46207**  
 1. Entity Name  
**ST. LUCIE RIVER INITIATIVE, INC.**

Principal Place of Business      Mailing Address  
**555 COLORADO AVE.**      **P O BOX 2082**  
**SUITE 1**      **STUART FL 34995**  
**STUART FL 34994**      **US**  
**US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/04)  
 4. FEI Number      Applied For  
**65-0304205**      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	
<b>CRARY, LAWRENCE E., III</b> <b>555 COLORADO AVENUE</b> <b>STUART FL 34994</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD JORDAN, F.D. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12 CASTLE HILL WAY	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34946	CITY-ST-ZIP	
TITLE NAME	D CARLSON, LESLIE <input type="checkbox"/> Delete	TITLE NAME	Leslie Carlson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1650 S KANNER HWY #201	STREET ADDRESS	166 SE St. Lucie Blvd. # 301
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	Stuart, FL 34994
TITLE NAME	STD CRARY, LAWRENCE E., III <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	555 COLORADO AVE.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE NAME	D KINANE, TIMOTHY J <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1503 SE RIVERSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	
TITLE NAME	D KELLY, MATT <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	530 SE ST LUCIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE NAME	D QUACKENBOS, MAX <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE: Lawrence E. Cray III      Lawrence E. Cray III, Secretary      04/19/05 (172)287-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #