


Apr. 30. 2007 10:47AM

NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 031 ****75.00

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

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0304205	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
CRARY, LAWRENCE E., III 555 COLORADO AVENUE STUART FL 34994	

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, F.D.	NAME	
STREET ADDRESS	12 CASTLE HILL WAY	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34946	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, LESLIE	NAME	
STREET ADDRESS	166 SE ST LUCIE BLVD, # 301	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRARY, LAWRENCE E., III	NAME	
STREET ADDRESS	555 COLORADO AVE.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINANE, TIMOTHY J	NAME	
STREET ADDRESS	1503 SE RIVERSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	
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 exemptions contained in Section 119, 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 Lawrence E. Crary III, Secretary 04/30/2007 (772) 287-2600