


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N46207 1. Entity Name ST. LUCIE RIVER INITIATIVE, INC.	
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Principal Place of Business 555 COLORADO AVE. SUITE 1 STUART, FL 34994 US	Mailing Address P O BOX 2082 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0304205	Applied For 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

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000904296
 05/01/08-80007-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, F.D. 12 CASTLE HILL WAY STUART, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRARY, LAWRENCE E., III 555 COLORADO AVE. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINANE, TIMOTHY J 1503 SE RIVERSIDE DRIVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MATT 530 SE ST LUCIE BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUACKENBOS, MAX 1778 NW PALMETTO TERRACE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Vice-Pres.** 4/16/08 772-287-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #