


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90282 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003710**

1. Corporation Name

**ALAFIA RIVER BASIN STEWARDSHIP COUNCIL, INC.**

Principal Place of Business  
11215 MCMULLEN LOOP  
RIVERVIEW FL 33569

Mailing Address  
11215 MCMULLEN LOOP  
RIVERVIEW FL 33569

511885 - 90282 - 47



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>N/a</i>		26 <i>N/a</i>		06/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3535678	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRADFORD, CHERYL L 11215 MCMULLEN LOOP RIVERVIEW FL 33569				81 Name <i>N/a</i>	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE <i>N/a</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>President</i>	<input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Steven Rossiter</i>			1.2 NAME	
STREET ADDRESS	<i>1120 Casa Loma Dr.</i>			1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			1.4 CITY-ST-ZIP	
TITLE	<i>Vice President</i>	<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Mary Eisenmenger</i>			2.2 NAME	
STREET ADDRESS	<i>10442 Nightengale Dr.</i>			2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			2.4 CITY-ST-ZIP	
TITLE	<i>Secretary</i>	<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Cheryl Bradford</i>			3.2 NAME	
STREET ADDRESS	<i>11215 McMullen Loop</i>			3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			3.4 CITY-ST-ZIP	
TITLE	<i>At &amp; D</i>	<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Al Eisenmenger</i>			4.2 NAME	
STREET ADDRESS	<i>10442 Nightengale Dr.</i>			4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			4.4 CITY-ST-ZIP	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Cindy Cathey</i>			5.2 NAME	
STREET ADDRESS	<i>9308 River Cove Dr.</i>			5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			5.4 CITY-ST-ZIP	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Craig Kovach</i>			6.2 NAME	
STREET ADDRESS	<i>8214 Revel Rd.</i>			6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Riverview, FL 33569</i>			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Bradford* **SIGNATURE REQUIRED** *Cheryl D. Bradford* 4-30-99 (813) 671-9255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)