

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-02-2004 90041022 *****61.25
N98000003710

04 FEB 10 AM 10:08


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44006679

REINSTATEMENT 01-04

DOCUMENT # N98000003710

1. Entity Name
Alafia River Basin Stewardship Council
W04-4997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>11215 McMullen Loop</u> Suite, Apt. #, etc.		3. Mailing Address <u>11215 McMullen Loop</u> Suite, Apt. #, etc.	
City & State <u>Riverview, Florida</u>	City & State <u>Riverview, Florida</u>	City & State <u>Riverview, Florida</u>	City & State <u>Riverview, Florida</u>
Zip <u>33569</u>	Country <u>Hillsborough</u>	Zip <u>33569</u>	Country <u>Hillsborough</u>

DO NOT WRITE IN THIS SPACE

02/03/04 01053 005 0358-75

4. FEI Number <u>593535678</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name Cheryl L. Bradford

Street Address (R.O. Box Number is Not Acceptable)
11215 McMullen Loop

City Riverview FL Zip Code 33569

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 Cheryl L. Bradford DATE 1/29/2004

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent Signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/ Director</u> <u>Susan Morris</u> <u>7508 Alafia Drive</u> <u>Riverview, FL 33569</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/ Treasurer</u> <u>Karen Wagner</u> <u>4510 Squirrel Way Run</u> <u>Valrico, FL 33569</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Darryl Wagner</u> <u>4510 Squirrel Way Run</u> <u>Valrico, FL 33569</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President/ Director</u> <u>Cheryl Bradford</u> <u>11215 McMullen Loop</u> <u>Riverview, FL 33569</u>	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 exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Morris DATE 1/29/04 813-671-0006

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

CR2037B (12/02)