


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N98000005452</b><br>1. Entity Name<br>ST. LUCIE RIVER LEGAL DEFENSE FUND, INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>555 COLORADO AVENUE<br>STUART, FL 34994 | Mailing Address<br>555 COLORADO AVENUE<br>STUART, FL 34994 |
|--|--|



07062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0864820                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>CRARY, LAWRENCE E<br>555 COLORADO AVENUE<br>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 September 8, 2004**

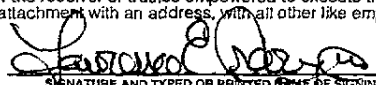
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GUY, WILLIAM E JR.<br>55 EAST OCEAN BLVD.<br>STUART, FL 34994             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>LAWRENCE, CRARY E 111<br>2081 E OCEAN BLVD 2ND FLOOR<br>STUART, FL 34994 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENDERSON, KEVIN<br>300 N COLORADO AVENUE<br>STUART, FL 34994              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PERRY, MARK<br>301 SE MACARTHUR BLVD<br>STUART, FL 34996                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GIANINO, PETER T<br>217 EAST OCEAN BLVD.<br>STUART, FL 34994             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

1100000164575  
07/08/04-80014-010 61.25

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 empowerment.

**SIGNATURE:**  **Lawrence E. Crary III, Treasurer** **7/6/04 (772) 287-2**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #