


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

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

Principal Place of Business 555 COLORADO AVENUE STUART, FL 34994	Mailing Address 555 COLORADO AVENUE STUART, FL 34994
--	--

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  CRARY, LAWRENCE E 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

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

U00000660411  
03/19/07-80024-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 **Secretary** 03/05/07 (772) 287-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #