

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004975

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ST. JOHNS RIVERKEEPER, INC.

## Current Principal Place of Business:

2800 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

## Current Mailing Address:

2800 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

## New Mailing Address:

FEI Number: 59-3611338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMINGEON, NEIL  
2800 UNIVERSITY BLVD., N  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

ORTH, JIMMY ED  
2800 UNIVERSITY BLVD., N  
JACKSONVILLE, FL 32211 US

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.

SIGNATURE: JIMMY ORTH

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CHR ( ) Delete  
Name: BASS, ROGER D  
Address: 7960 LOS ROBLES COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: WOJCICKI, ANDREW  
Address: 1253 BELMONT TERRACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: MIDDLEBROOK, MARK  
Address: 21 SAILFISH DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC ( ) Delete  
Name: KOPRIVA, DUFFY I  
Address: 3757 COASTAL VIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32250

Title: D ( ) Delete  
Name: WILLIAMS, BEN S  
Address: 11610 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TREA ( ) Delete  
Name: LEWIS, DALE B  
Address: 3229 HIDDEN LAKE DR W  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: WOJCICKI, ANDREW  
Address: 3646 ROSEMARY STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC (X) Change ( ) Addition  
Name: WELCH, LANE  
Address: 4425 GADSDEN CT.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: KOPRIVA, DUFFY I  
Address: 3757 COASTAL VIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEWIS, DALE B  
Address: 3229 HIDDEN LAKE DR W  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW WOJCICKI

TREA

04/29/2005

Electronic Signature of Signing Officer or Director

Date