## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004975

Entity Name: ST. JOHNS RIVERKEEPER, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2800 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

2800 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211

FEI Number: 59-3611338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic elginatare el regioter

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HUDAK, MARK DR Name: HUDAK, MARK DR Name: 12957 HANTLEY MANOR DR Address: 12957 HUNTLEY MANOR DR Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: TREA ( ) Delete Title: CHAR (X) Change ( ) Addition

Name: WOJCICKI, ANDREW
Address: 3646 ROSEMARY STREET
City-St-Zip: JACKSONVILLE, FL 32207

Name: WOJCICKI, ANDREW
Address: 2232 COLLEGE STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WELCH, LANE
 Name:

 Address:
 4425 GADSDEN CT.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

 $\label{eq:definition} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 KOPRIVA, DUFFY I
 Name:
 BILL, KIRILL

 Address:
 3757 COASTAL VIEW DRIVE
 Address:
 4339 VENETIA DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: D () Delete Title: () Change () Addition

 Name:
 MCCOMBS, KAREN
 Name:

 Address:
 1030 HOLLY LN
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:CESULKO, TIMName:CEBULKO, TIMAddress:1321 MANER STAddress:1321 MORIER ST

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JIMMY ORTH ED 04/16/2007