

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004975

FILED  
Apr 11, 2008  
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:**

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

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

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

**OFFICERS AND DIRECTORS:**

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

Title: CHAR ( ) Delete  
Name: WOJCICKI, ANDREW  
Address: 2232 COLLEGE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: D ( ) Delete  
Name: BILL, KIRILL  
Address: 4339 VENETIA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: MCCOMBS, KAREN  
Address: 1030 HOLLY LN  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: CEBULKO, TIM  
Address: 1321 MORIER ST  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW WOJCICKI

CHAR

04/11/2008

Electronic Signature of Signing Officer or Director

Date