

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004975

FILED
Apr 10, 2009
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: VCHA (X) Change () Addition
Name: HUDAK, MARK DR
Address: 12957 HUNTLEY MANOR DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: WOJCICKI, ANDREW
Address: 2232 COLLEGE STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC (X) Change () Addition
Name: KETCHUM, BARBARA
Address: 4834 APACHE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: CHAR (X) Change () Addition
Name: BILL, KIRILL
Address: 4339 VENETIA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: TREA (X) Change () Addition
Name: CEBULKO, TIM
Address: 2104 FOXTAIL COURT
City-St-Zip: ST AUGUSTINE, FL 32092

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: JIMMY ORTH

ED

04/10/2009

Electronic Signature of Signing Officer or Director

Date