

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90127 014 ****61.25

0049938

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705789

1. Corporation Name
THE RIVER FOUNDATION, INC.

Principal Place of Business

C/O ROBERT KRUSOE
2002 N LOIS AVE #160
TAMPA FL 33607
US

Mailing Address

C/O ROBERT KRUSOE
2002 N LOIS AVE #160
TAMPA FL 33607
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/12/1951

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0875137

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLES, MANUEL, JR.
109 S. LOCKMOOR AVE.
TEMPLE TERRACE FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME JASLOW, ALBERT
STREET ADDRESS 9313 NW 48TH DORAL TERRACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME VAN DE WETTERING, ROBERT J M.D.
STREET ADDRESS 6696 RIVERSIDE DR NW
CITY-ST-ZIP ATLANTA GA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME MCLEAN, THOMAS E
STREET ADDRESS 1339 43RD AVE N
CITY-ST-ZIP ST PETERSBURG FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD DELETE
NAME VALLES JR, MANUEL
STREET ADDRESS 109 SO LOCKMOOR AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME HIBBS, LORRAINE
STREET ADDRESS 3501 BAYSHORE BLVD #904
CITY-ST-ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VC DELETE
NAME Trezevant, Jim
STREET ADDRESS Bradley Engraved Stationery
CITY-ST-ZIP 2420 Mississippi Ave W Tampa, FL 33609

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/18/99
Date Daytime Phone #

CR2E037 (11/98)