


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90001 018 \*\*\*\*70.00

**DOCUMENT # 705789**  
 1. Entity 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**

**54017833**



2. Principal Place of Business  
**C/O Andres Prida**  
 Suite, Apt. #, etc.  
**1106 North Franklin St.**  
 City & State  
**Tampa, FL**

3. Mailing Address  
**C/O Andres Prida**  
 Suite, Apt. #, etc.  
**1106 North Franklin St**  
 City & State  
**Tampa, FL**

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0875137**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCLEAN, THOMAS E**  
**1339 43RD AVE N**  
**SAINT PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD	MCLEAN, THOMAS E 1339 43RD AVE N ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	
TITLE T	MCLEAN, BRENT S 200 BANDERA WAY NE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete	
TITLE D	TRESWANT, JAMES C 2420 MISSISSIPPI AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	
TITLE CHAIRMAN	MCLEAN, THOMAS E. 1339 43RD AVENUE ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete	CHAIRMAN MCLEAN, THOMAS E. 1339 43RD AVENUE ST. PETERSBURG, FL 33703
TITLE VICE CHAIRMAN	TREZEVANT, JAMES C. 2420 MISSISSIPPI AVE TAMPA, FL 33629	<input type="checkbox"/> Delete	VICE CHAIRMAN TREZEVANT, JAMES C. 2420 MISSISSIPPI AVE TAMPA, FL 33629
TITLE SECY	DELORES TREZEVANT 3011 HAWTHORNE RD.	<input type="checkbox"/> Delete	SECY DELORES TREZEVANT 3011 HAWTHORNE RD. TAMPA FL 33611

12. I hereby certify that the information reported 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Thomas E. McLean **March 3, 04** (727) 526 0362  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #