

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 705789

1. Entity Name
THE RIVER FOUNDATION, INC.



Principal Place of Business
**C/O ANDRES PRIDA
1106 NORTH FRANKLIN ST.
TAMPA, FL 33602 US**

Mailing Address
**C/O ANDRES PRIDA
1106 NORTH FRANKLIN ST.
TAMPA, FL 33602 US**

000000497313
04/22/06-80049-006 61.25



DO NOT WRITE IN THIS SPACE

03252006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MCLEAN, THOMAS E
STREET ADDRESS	1339 43RD AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	T
NAME	MCLEAN, BRENT S
STREET ADDRESS	200 BANDERA WAY NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	VC
NAME	TREZEVAULT, JAMES C
STREET ADDRESS	2420 MISSISSIPPI AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	S
NAME	TREZEVAULT, DELORES
STREET ADDRESS	3011 HAWTHORNE ROAD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Jr **THOMAS E MCLEAN, JR**

MARCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #