

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705789

**FILED**  
**Jan 24, 2019**  
**Secretary of State**  
**0331164167CC**

**Entity Name:** THE RIVER FOUNDATION, INC.

**Current Principal Place of Business:**

200 BANDERA WAY N.E.  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

POST OFFICE BOX 7561  
ST PETERSBURG, FL 33734 US

**FEI Number:** 59-0875137

**Certificate of Status Desired:** No

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

MCLEAN, BRENT S  
200 BANDERA WAY N.E.  
SAINT PETERSBURG, FL 33704 US

*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

**Officer/Director Detail :**

Title TRUSTEE, CHAIRMAN, TREASURER  
Name MCLEAN, BRENT S  
Address P.O. BOX 7561  
City-State-Zip: SAINT PETERSBURG FL 33734

Title TRUSTEE  
Name CORNETTE, HENRY A  
Address P.O. BOX 7561  
City-State-Zip: ST. PETERSBURG FL 33734

Title TRUSTEE  
Name TREZEVANT, DELORES  
Address P.O. BOX 7561  
City-State-Zip: ST. PETERSBURG FL 33734

Title TRUSTEE, SECRETARY  
Name CHISHOLM, KELLY M  
Address P.O. BOX 7561  
City-State-Zip: ST. PETERSBURG FL 33734

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRENT S. MCLEAN

**CHAIRMAN**

**01/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date