

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010389

Entity Name: RIVERS COALITION, INC.

Current Principal Place of Business:

759 SW FEDERAL HIGHWAY
SUITE 106
STUART, FL 34994

FILED
Feb 22, 2019
Secretary of State
6865096450CC

Current Mailing Address:

759 SW FEDERAL HIGHWAY
SUITE 106
STUART, FL 34994

FEI Number: 20-3734891

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E
759 SW FEDERAL HIGHWAY
SUITE 106
STUART, FL 34994 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 PRESIDENT
Name PERRY, MARK
Address 890 NE OCEAN BLVD
City-State-Zip: STUART FL 34996

Title VP
Name GRANDE, CHARLES
Address 9950 SOUTH OCEAN DRIVE #705
City-State-Zip: JENSEN BEACH FL 34957

Title SECRETARY
Name MOIR, JIM
Address 5215 SE WILLIAMS WAY
City-State-Zip: STUART FL 34997

Title TREASURER
Name BRAND, DARRELL
Address 2392 SW ISLAND CREEK TRAIL
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name JONES, GEORGE
Address 1420 SEAWAY DRIVE
City-State-Zip: FORT PIERCE FL 34949

Title DIRECTOR
Name HINKLE JR, KENNETH
Address 5127 SE MARINER GARDEN CIRCLE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name WEISSING, TODD
Address 2301 SE MONTEREY ROAD
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name WICKSTROM, BLAIR
Address 270 SE CARDINAL WAY
City-State-Zip: STUART FL 34996

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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: MARK PERRY

PRESIDENT

02/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THURLOW-LIPPISCH, JACQUI
Address 18 RIVERVIEW
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name CONNER, MIKE
Address 516 PINE SAP PLACE
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name MARONEY, CHRIS
Address 213 SE COCONUT AVENUE
City-State-Zip: STUART FL 34996