

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000010389

**Entity Name:** RIVERS COALITION DEFENSE FUND, INC.

**Current Principal Place of Business:**

759 SW FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994

**Current Mailing Address:**

759 SW FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994

**FEI Number:** 20-3734891

**Certificate of Status Desired:** No

**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 DIRECTOR  
Name KARL, WICKSTROM  
Address 2700 S. KANNER HWY  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name GUY, WILLIAM EJ  
Address 643 SW FUGE RD  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name PERRY, MARK  
Address 5062 SW SUNSHINE FARMS WAY  
City-State-Zip: PALM CITY FL 34990

Title PRESIDENT  
Name HENDERSON, KEVIN  
Address 300 COLORADO AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name WEISSING, CHRISTOPHER T  
Address 1381 SW EAGLE NEST WAY  
City-State-Zip: PALM CITY FL 34990

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

Title DIRECTOR  
Name CONNER, MIKE  
Address 6490 SW LAKE CIRCLE DR.  
City-State-Zip: STUART FL 34997

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

**Continues on page 2**

*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:** KEVIN HENDERSON

**PRESIDENT**

**09/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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