

**2020 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**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            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            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

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

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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: DARRELL BRAND****TREASURER****01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 DIRECTOR  
Name                WEILER, MICHELLE  
Address             5953 SW RANCHITO ST.  
City-State-Zip:    PALM CITY FL 34990

Title                 DIRECTOR  
Name                MADER, NICOLE  
Address             106 ABBIE COURT  
City-State-Zip:    STUART FL 34996