

2015 FLORIDA NOT FOR PROFIT CORPORATION 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 EJR
Address 643 SW FUGE RD
City-State-Zip: STUART FL 34997

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

Title DIRECTOR
Name ABOOD, LEON
Address 8771 SW 17TH AVE
City-State-Zip: STUART FL 34997

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

01/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date