


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> N05000006765 <b>1. Entity Name</b> RIVER CHILDREN, INC.	
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<b>Principal Place of Business</b> 381 101ST STREET MARATHON, FL 33050	<b>Mailing Address</b> 381 101ST STREET MARATHON, FL 33050
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 27-0126723	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SHAW, WILLIAM J. 381 101ST STREET MARATHON, FL 33050	<b>DO NOT WRITE IN THIS SPACE</b>
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**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000896644</b> <b>04/25/08-80016-005 61.25</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, WILLIAM J. 381 101ST STREET MARATHON, FL 33050
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV BARNES, MICHAEL R. 801 WHITEHEAD ST KEY WEST, FL 33040
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS UNFERTH, PATRICIA C. 1010 KENNEDY DR, STE 201 KEY WEST, FL 33040
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT SHAW, JUDY K 381 101ST ST MARATHON, FL 33050
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **William J. Shaw** **4/11/08** **(305) 743-2458**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #