

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004361

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: ONE RIVER FOUNDATION, INC.

## Current Principal Place of Business:

2441 Q OLD FORT PARKWAY, #412  
MURFREESBORO, TN 37128

## New Principal Place of Business:

2441 Q OLD FORT PARKWAY  
SUITE #412  
MURFREESBORO, TN 37128

## Current Mailing Address:

2441 Q OLD FORT PARKWAY, #412  
MURFREESBORO, TN 37128

## New Mailing Address:

2441 Q OLD FORT PARKWAY  
SUITE #412  
MURFREESBORO, TN 37128

FEI Number: 65-0853002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RACHLIN, ROBERT P  
11120 N KENDALL DR  
SUITE 201  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAPIRO, RICHARD M  
Address: 2441 Q OLD FORT PARKWAY  
City-St-Zip: MURFREESBORO, TN 37128

Title: D ( ) Delete  
Name: FLANIGAN, DEBORAH  
Address: 2441-Q OLD FORT PARKWAY  
City-St-Zip: MURFREESBORO, TN 37128

Title: D ( ) Delete  
Name: GORDON, JUDITH  
Address: 1322 ELECTRIC AVE  
City-St-Zip: VENICE, CA 90291

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD SHAPIRO

D

01/24/2005

Electronic Signature of Signing Officer or Director

Date