## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P29320 1. Corporation Name

City & State

AMERICAN RIVERS, INC.	
Principal Place of Business	Mailing Address
1025 VERMONT AVE., N.W. SUITE #720 WASHINGTON DC 20005 US	1025 VERMONT AVE., N.W. Suite #720 Washington DC 20005 US
Principal Place of Business     The Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State

## **FILED** Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90065 034 \*\*\*\*61.25



3. Date Incorporated or Qualifed 05/14/1990 4. FEI Number

5. Certifcate of Status Desired

23-7305963

Zip Country Zip Country Zip Country 6. Election Campaign Financing 5.00 May 8 Added to Fees  9. Name and Address of Current Registered Agent  REED, NATHANIEL 6 RIVERVIEW RD	23		28				5. Certificate of Status Desired  Fee Required		
8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  8. Name  REED, NATHANIEL 6 RIVERYNEW RD  HOBE SOUND FL 33455  8. City  FL		Country		Zip Cou			6. Flection Campaign Financing — \$5.00 May Be		
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	¬ ՝		29						
REED, NATHANIEL 6 RIVERVIEW RD HOBE SOUND FL 33455  44 City  FL   85   Zip Code  17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. If am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. If a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature Signature, Speed or prized name of registered name of registered agent signature recinct when refiscation)  TITLE  VAS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  SISSON, WALTER  12. NAME  SISSON, WALTER  12. NAME  SISSON, WALTER  12. STREET ADDRESS  14. STREET ADDRESS  1606 LINION CAMP DR  23. STREET ADDRESS  1606 LINION CAMP DR  24. OTH-57-2P  WASHINGTON VA  DELETE  17. TITLE  D  OCHY-57-2P  WASHINGTON DC  DELETE  17. TITLE  D  DEMENT, POLLY  43. STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  D  DEMENT, POLLY  43. STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  D  DEMENT, POLLY  43. STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  D  DEMENT, POLLY  43. STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  D  STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  D  STREET ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  18. SIZE ADDRESS  1602-5 VAC-MONT ANY SUITE 7.26  WASHINGTON DC  DELETE  17. TITLE  18. SIZE ADDRESS  18. STREET ADDRESS  1602-5 VAC-MONT ANY	-		<del></del>	Agent			10. Name and Address of New Registered Agent		
6 RIVERVIEW RD HOBE SOUND FL 33455  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes.  SIGNATURE SIGNATURE  VAS SISSON, WALTER 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME SISSON, WALTER 13. SIREFLADORESS SISSON, WALTER 13. SIREFLADORESS SISSON, WALTER 14. CITY-ST-2P WODDER, REBECCA 15. TITLE PROST CLEAN 15. CHANGE 16. GL WINDON CAMP DR 16. GL WINDON CAMP DR 16. CHANGES AGENCY 17. ST-2P WODDER, REBECCA 17. ST-2P WODDER, REBECCA 18. STREET ADDRESS 18. CHANGES 18. STREET ADDRESS 1					81	Name			
6 RIVERVIEW RD HOBE SOUND FL 33455  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes.  SIGNATURE SIGNATURE  VAS SISSON, WALTER 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME SISSON, WALTER 13. SIREFLADORESS SISSON, WALTER 13. SIREFLADORESS SISSON, WALTER 14. CITY-ST-2P WODDER, REBECCA 15. TITLE PROST CLEAN 15. CHANGE 16. GL WINDON CAMP DR 16. GL WINDON CAMP DR 16. CHANGES AGENCY 17. ST-2P WODDER, REBECCA 17. ST-2P WODDER, REBECCA 18. STREET ADDRESS 18. CHANGES 18. STREET ADDRESS 1	REED NA	THANIFI			82	Street	Address (P.O. Box Number is Not Acceptable)		
HOBE SOUND FL 33455    A					02	Oli Got 7	Address (F.O. Dax Hallison to Horrisospinate)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and registered agent agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of change in the corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of change in the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's purpose of the appointment as registered agent and the corporation's purpose of the appointment as registered agent and the purpose of		—			83				
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registated agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registated agent or both, in the State of Florida. Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  T2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  TITLE VAS. SISSON, WALTER  12. TITLE PROPER SAME SAME DIRECTORS  13. STREET ADDRESS  CITY-ST-2P  WIENNA VA  12. TITLE PROPER SAME SAME DIRECTORS  14. CITY-ST-2P  WOODDER, REBECCA  22. STREET ADDRESS  6106 UNION CAMP DR  22. CITY-ST-2P  SISTERT ADDRESS  6106 UNION CAMP DR  22. CITY-ST-2P  CITY-ST-2P  MILLSTONE ROAD  MILL			•		84	City	85 Zip Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of unectors. I hereby authorities agent to many and accept the obligations of, Section 617,503.7, Products Statutes.    Incompared agent, and accept the obligations of, Section 617,503.7, Products Statutes.   Incompared agent, and accept the obligations of, Section 617,503.7, Products Statutes.   Incompared agent, and accept the obligations of, Section 617,503.7, Products agent a						•	FL   1		
Signature, lypad or printed name of registrost, and their depotation.   (NOTE Repotated Agent agenture required when reinstating)   DATE	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i nereby accept the appointment as registered								
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TITLE D DELETE 5.1 TITLE C Chair of Board of Dir. Change Addition  NAME HATCH, WHITNEY  STREET ADDRESS 4331 GARFIELD ST, NW  STREET ADDRESS CITY-ST-ZIP  WASHINGTON DC  DELETE 5.1 TITLE C Chair of Board of Dir. Change Addition  NAME  NAME  STREET ADDRESS 6.4 CITY-ST-ZIP  NAME  STREET ADDRESS 1025 Varmon + Avan, Suite 720  6.4 CITY-ST-ZIP  Washington, Dc 20005	STREET ADDRESS	· ·			4.3 STREET	ADDRESS	1025 VERMONTAVE 1947 SOLITO 12		
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TITLE  DELETE  6.1 TITLE  Trassur-ar of Bod  Change Maddition  6.2 NAME  Donald B. Ayar  6.3 STREET ADDRESS  1025 Varmont Avanw, Suite 720  6.4 CITY-ST-ZIP  Washington, Dc 20005	STREET ADDRESS						Wast as low DO 2000		
NAME STREET ADDRESS OTT, ST-ZIP  62 NAME  DONALD B. Ayer  63 STREET ADDRESS OZ 5 VORMON + AVON W, SUITE 720  64 CITY-ST-ZIP  Washington, DC 20005	CITY-ST-ZIP	WASHINGTUN DC		Doctor		1·ZIP			
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OTV. ST. ZIP Washington, DC 20005	NAME					AUUDEss	100 5 Various t Ova NW Suite 720		
14. Learney contify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	STREET ADDRESS						Washington To some		
	CITY-ST-ZIP	portify that the information cupplie	d with this filing do	es not qualify for th			In Section 119 07(3)(i) Florida Statutes. I further certify that the information		

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Not Applicable