

2016 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	DIRECTOR
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	SECRETARY, VP
Name	CHARLES, GRANDE
Address	9950 SOUTH OCEAN DRIVE, #705
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRECTOR
Name	CONNER, MIKE
Address	6490 SW LAKE CIRCLE DR.
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	HINKLE JR, KENNETH
Address	5127 SE MARINER GARDEN CIRCLE
City-State-Zip:	STUART FL 34997

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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: KARL WICKSTROM

DIRECTOR

04/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRAND, DARRELL
Address	2392 SW ISLAND CREEK TRAIL
City-State-Zip:	PALM CITY FL 34990