

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90669 022 ****61.25

DOCUMENT # N96000000326					
1. Entity Name PINE RIDGE RIDERS ORGANIZATION, INC.					
Principal Place of Business 5690 W. PINE RIDGE BLVD. BEVERLY HILLS FL 34465			Mailing Address 5690 W. PINE RIDGE BLVD. BEVERLY HILLS FL 34465		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3640722	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEDLOCK, CHERYLL L 4237 N PONY DRIVE BEVERLY HILLS FL 34465			Name SETTER, LORETTA		
			Street Address (P.O. Box Number is Not Acceptable) 3304 N STIRRUP DR		
			City Beverly Hills		FL
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 <u><i>Loretta M. Setter</i></u> LORETTA M SETTER (TREASURER) 4-9-04					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAITHWAITE, KAREN		NAME	DIFILIPPO, LACY	
STREET ADDRESS	4905 NORTH PINTO LOOP		STREET ADDRESS	5538 BRAVADO TERR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLOCK, CHERYLL L		NAME	SEDLOCK, CHERLL	
STREET ADDRESS	4237 N PONY DRIVE		STREET ADDRESS	4237 N PONY DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFILIPPO, LACY		NAME	WETHEREL, PAT	
STREET ADDRESS	5538 BRAVADO TERR		STREET ADDRESS	3946 N PONY DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	BEVERLY HILL, FL 34465	
TITLE	V/D	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON DE PLAS, LISA		NAME	SETTER, LORETTA	
STREET ADDRESS	6529 PONDEROSA PLACE		STREET ADDRESS	3304 N STIRRUP DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify 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 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: <u><i>Loretta M. Setter</i></u> LORETTA M SETTER 4-9-04 (352) 746-6580					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)