

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000004530

Entity Name: FALLEN RIDERS MEMORIAL FUND INC.**Current Principal Place of Business:**3620 SPAINWOOD DR
SARASOTA, FL 34232**Current Mailing Address:**3620 SPAINWOOD DR
SARASOTA, FL 34232 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MASHIA, LUCRETIA A
3620 SPAINWOOD DR
SARASOTA, FL 34232 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:** LUCRETIA A. MASHIA

11/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR.
Name FLYNN, RAYMOND J
Address 3620 SPAINWOOD DR
City-State-Zip: SARASOTA FL 34232

Title SECRETARY
Name SIMARD, ERIKA L
Address 3620 SPAINWOOD DR
City-State-Zip: SARASOTA FL 34232

Title TREASURER
Name MASHIA, LUCRETIA A
Address 3620 SPAINWOOD DR
City-State-Zip: SARASOTA FL 34232

Title VP
Name DORITY, ADAM VP
Address 607 OCEAN DUNES RD
City-State-Zip: DAYTONA BEACH FL 32118

Title FUNDRAISING COORDINATOR
Name WILSON, TOM
Address 45 ABACUS AVE
City-State-Zip: ORMOND BEACH FL 32174

Title PUBLIC RELATIONS DIRECTOR
Name SEIBERT, ROBERT
Address 376 NORTH YONGE ST
City-State-Zip: ORMOND BEACH FL 32174

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: LUCRETIA A. MASHIA

TREASURER

11/24/2017

Electronic Signature of Signing Officer/Director Detail

Date