FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741671 (2)

1. Corporation Name
THE FLAGLER COUNTY ROUGHRIDERS, INC.

Principal Place of Business	Mailing Address
TOM MOORE 501 BEVILLE ROAD DAYTONA BCH FL 32119	TOM MOORE 501 BEVILLE ROAD DAYTONA BCH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1978
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1867589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MOORE, THOMAS LAND
501 BEVILLE ROAD
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	PV ☐ Change ☐ Addition
NAME	WEEKS RAYMOND	1.2 NAME	MORGAN HENRY
STREET ADDRESS	1193 HAZELNUT	1.3 STREET ADDRESS	RT #11
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	ELVIN JARVIS	2.2 NAME	ROBERT EATON
STREET ADDRESS	3737 PINE PITCH COURT	2.3 STREET ADDRESS	4077 JASON STREET
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	TD	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	WEEKS, CATHY	3.2 NAME	SANDRA CLARK
STREET ADDRESS	1193 HAZELNUT	3.3 STREET ADDRESS	14 ALDO LANE
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	MD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, THOMAS L.	4.2 NAME	
STREET ADDRESS	501 BEVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD ☐ Change ☐ Addition
NAME	HILLMAN SANDY	5.2 NAME	TAMI RAWLINS
STREET ADDRESS	1005 GRAND AVENUE	5.3 STREET ADDRESS	4929 HUGHWAY 305
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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.

SIGNATURE: THOMAS MOORE APRIL 12, 1995 800-447-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #