

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
02/21/1978

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, THOMAS LAND
501 BEVILLE ROAD
DAYTONA BEACH FL 32119**

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PV	<input type="checkbox"/> DELETE
NAME	MORGAN, HENRY	
STREET ADDRESS	RT 11	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EATON, ROBERT	
STREET ADDRESS	4077 JASON STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, SANDRA	
STREET ADDRESS	14 ALDO LANE	
CITY-ST-ZIP	BUNNELL FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MOORE, THOMAS L.	
STREET ADDRESS	501 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAWLINGS, TAMI	
STREET ADDRESS	4929 HUGHWAY 305	
CITY-ST-ZIP	BUNNELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	CLARK, SANDRA
3.4 CITY-ST-ZIP	346 ALDO LANE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUNNELL, FL 32110
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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, changed, or on an amendment with an address.

SIGNATURE

DIRECTOR/REGISTERED AGENT MARCH 22, 1996 904 767-2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)