

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741671** (2)

1. Corporation Name

**THE FLAGLER COUNTY ROUGHRIDERS, INC.**



Principal Place of Business	Mailing Address
<b>TOM MOORE 501 BEVILLE ROAD DAYTONA BCH FL 32119</b>	<b>TOM MOORE 501 BEVILLE ROAD DAYTONA BCH FL 32119-2062</b>

3. Date Incorporated or Qualified <b>02/21/1978</b>	3a. Date of Last Report <b>03/29/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1867589</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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	
<b>FL</b>	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 \_\_\_\_\_ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, HENRY</b>	1.2 NAME	
STREET ADDRESS	<b>RT 11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EATON, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>4077 JASON STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, SANDRA</b>	3.2 NAME	
STREET ADDRESS	<b>346 ALDO LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	3.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, THOMAS L.</b>	4.2 NAME	
STREET ADDRESS	<b>501 BEVILLE RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAWLINGS, TAMI</b>	5.2 NAME	
STREET ADDRESS	<b>4929 HIGHWAY 305</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 \_\_\_\_\_ DATE: 1-1-1997

CR2E037 (9/96)