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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741671

1. Corporation Name

THE FLAGLER COUNTY ROUGHRIDERS, INC.

Principal Place of Business

**TOM.MOORE
501 BEVILLE ROAD
DAYTONA BCH FL 32119**

Mailing Address

**TOM.MOORE
501 BEVILLE ROAD
DAYTONA BCH FL 32119**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/21/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1867589

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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** ☒ DELETE
NAME **MORGAN, HENRY**
STREET ADDRESS **RT 11**
CITY-ST-ZIP **BUNNELL FL**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **FLYNN EDITONSON**
1.3 STREET ADDRESS **807 W. ANDERSON ST**
1.4 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **VD** ☒ DELETE
NAME **EATON, ROBERT**
STREET ADDRESS **4077 JASON STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

2.1 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **ROY SYFORD**
2.3 STREET ADDRESS **2425 DURRANCE LANE**
2.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32174**

TITLE **TD** ☒ DELETE
NAME **CLARK, SANDRA**
STREET ADDRESS **346 ALDO LANE**
CITY-ST-ZIP **BUNNELL FL**

3.1 TITLE **TREASURER** ☐ Change ☒ Addition
3.2 NAME **JULIE BURGER**
3.3 STREET ADDRESS **15120 COUNTY RD #305**
3.4 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **MD** ☐ DELETE
NAME **MOORE, THOMAS L.**
STREET ADDRESS **501 BEVILLE RD.**
CITY-ST-ZIP **DAYTONA BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PETERSON, BINNIE LEE**
STREET ADDRESS **2920 NORDMAN AVE**
CITY-ST-ZIP **NEW SMYRNA BCH FL**

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition
5.2 NAME **TAMI RAWLINS**
5.3 STREET ADDRESS **4929 HIGHWAY #305**
5.4 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)

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7672372