

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 026 ****61.25

DOCUMENT #741671

1. Entity 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

40065101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1867589

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

25/April/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, GEORGE	
STREET ADDRESS	347 ALDO LANE	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JEFF	
STREET ADDRESS	108 BUCHANNON CIRCLE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TERRELL, MISSY	
STREET ADDRESS	PO BOX 2216	
CITY-ST-ZIP	BUNNELL, FL 32110	
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	WEEKS, CATHY	
STREET ADDRESS	1193 HAZELNUT STREET	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEUMAN, RACHEL	
STREET ADDRESS	11 COLUMBIA LANE	
CITY-ST-ZIP	PALM COAST, FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Jeff	
STREET ADDRESS	108 Buchanan Circle	
CITY-ST-ZIP	Satsuma, FL 32189	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Holmes Holmes, Randy	
STREET ADDRESS	4623 Riversedge Village	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25/April/06 3867672372