

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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**



04242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1867589**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOLMES, RANDY L
STREET ADDRESS	8230 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	VP
NAME	ADAMS, RICK
STREET ADDRESS	787 CR 140
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	TD
NAME	TERRELL, MISSY
STREET ADDRESS	PO BOX 2216
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	MD
NAME	MOORE, THOMAS L.
STREET ADDRESS	501 BEVILLE RD.
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	D
NAME	WEEKS, CATHY
STREET ADDRESS	1193 HAZELNUT STREET
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	S
NAME	HOLMES, DANA
STREET ADDRESS	8230 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110

U00000927310  
05/20/08-80101-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #

24/APR/08 (386)  
7672372