

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741671

FILED
Jul 01, 2009
Secretary of State

Entity Name: THE FLAGLER COUNTY ROUGHRIDERS, INC.

Current Principal Place of Business:

TOM,MOORE
501 BEVILLE ROAD
DAYTONA BCH, FL 32119

New Principal Place of Business:

TOM MOORE
501 BEVILLE ROAD
DAYTONA BCH, FL 32119

Current Mailing Address:

TOM,MOORE
501 BEVILLE ROAD
DAYTONA BCH, FL 32119

New Mailing Address:

TOM MOORE
501 BEVILLE ROAD
DAYTONA BCH, FL 32119

FEI Number: 59-1867589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, RANDY L
Address: 8230 CR 304
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: ADAMS, RICK
Address: 787 CR 140
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: TERRELL, MISSY
Address: PO BOX 2216
City-St-Zip: BUNNELL, FL 32110

Title: MD () Delete
Name: MOORE, THOMAS L.
Address: 501 BEVILLE RD.
City-St-Zip: DAYTONA BCH, FL

Title: D () Delete
Name: WEEKS, CATHY
Address: 1193 HAZELNUT STREET
City-St-Zip: BUNNELL, FL 32110

Title: S () Delete
Name: HOLMES, DANA
Address: 8230 CR 304
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MOORE

MR.

07/01/2009

Electronic Signature of Signing Officer or Director

Date