

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741671

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** THE FLAGLER COUNTY ROUGHRIDERS, INC.

**Current Principal Place of Business:**

DISSTON MOORE  
501 BEVILLE ROAD  
DAYTONA BCH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

DISSTON MOORE  
501 BEVILLE ROAD  
DAYTONA BCH, FL 32119

**New Mailing Address:**

**FEI Number:** 59-1867589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, DISSTON  
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  
Name: HOLMES, RANDY L  
Address: 8230 CR 304  
City-St-Zip: BUNNELL, FL 32110

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

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

Title: MD  
Name: MOORE, DISSTON  
Address: 501 BEVILLE RD.  
City-St-Zip: DAYTONA BCH, FL

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

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

I hereby 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 all other like empowered.

SIGNATURE: DISSTON MOORE

D

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date