

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005075

Entity Name: FREE RIDERS FLORIDA, INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 691972  
ORLANDO, FL 328691972

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 691972  
ORLANDO, FL 328691972

## New Mailing Address:

FEI Number: 59-3733896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, MARY V  
10848 MYSTIC CIRCLE #102  
ORLANDO, FL 32836 US

## Name and Address of New Registered Agent:

CARTER, MARY V  
POST OFFICE BOX 691972  
ORLANDO, FL 328691972 US

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:

04/28/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: M ( ) Delete  
Name: CARTER, MARY V  
Address: 10848 MYSTIC CIRCLE #102  
City-St-Zip: ORLANDO, FL 32836

Title: PD ( ) Delete  
Name: YOUNG, ERNIE  
Address: 9070 ATLAS DRIVE  
City-St-Zip: ST. CLOUD, FL 34773

Title: STD ( ) Delete  
Name: CARTER, MARY  
Address: 3703 BUCK JOHNSON COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: VD ( ) Delete  
Name: STARKEY, FRANK  
Address: 4753 BUNTING AVENUE  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition  
Name: CARTER, MARY V  
Address: POST OFFICE BOX 691972  
City-St-Zip: ORLANDO, FL 328691972

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

Title: STD (X) Change ( ) Addition  
Name: CARTER, MARY  
Address: POST OFFICE BOX 691972  
City-St-Zip: ORLANDO, FL 32869

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY CARTER

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date