

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005075

FILED
Apr 08, 2005
Secretary of State

Entity Name: FREE RIDERS FLORIDA, INC.

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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 32869

Title: PD (X) Change () Addition
Name: STARKEY, FRANK
Address: POST OFFICE BOX 691972
City-St-Zip: ORLANDO, FL 32869

Title: SD (X) Change () Addition
Name: BRAUNNS, TRACY
Address: POST OFFICE BOX 691972
City-St-Zip: ORLANDO, FL 32869

Title: VD (X) Change () Addition
Name: SHAFFER, MIKE
Address: PO BOX 691972
City-St-Zip: ORLANDO, FL 32869

Title: TD () Change (X) Addition
Name: CARTER, MARY V
Address: PO BOX 691972
City-St-Zip: ORLANDO, FL 32869

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

M

04/08/2005

Electronic Signature of Signing Officer or Director

Date