

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005075

FILED
Apr 28, 2009
Secretary of State

Entity Name: FREE RIDERS FLORIDA, INC.

Current Principal Place of Business:

3286 MORNINGSTAR COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

3286 MORNINGSTAR COURT
KISSIMMEE, FL 34744

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
3286 MORNINGSTAR COURT
KISSIMMEE, FL 34744 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: D () Delete
Name: CARTER, MARY V
Address: PO BOX 622678
City-St-Zip: ORLANDO, FL 32862

Title: D () Delete
Name: STARKEY, FRANK
Address: POST OFFICE BOX 622678
City-St-Zip: ORLANDO, FL 32862

Title: D () Delete
Name: SIMKO, JOHN
Address: POST OFFICE BOX 622678
City-St-Zip: ORLANDO, FL 32862

Title: D () Delete
Name: CARTER, RYAN
Address: PO BOX 622678
City-St-Zip: ORLANDO, FL 32862

Title: D () Delete
Name: YOUNG, ERNIE
Address: PO BOX 622678
City-St-Zip: ORLANDO, FL 32862

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:

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: MARY CARTER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date