

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 034 ****61.25

DOCUMENT # NO1000005476

1. Entity Name

SPIRIT RIDERS MOTORCYCLE MINISTRY, INC.



Principal Place of Business

923 NE 19 ST
OCALA FL 34470

Mailing Address

PO BOX 9031
OCALA FL 34479-9031

2. Principal Place of Business

4708 NE 20th Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number 59-3733540

Applied For

Not Applicable

Zip

Country

34479-2007 USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICTOR, DOROTHEA
923 NE 19 ST
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothea R. Victor, Secretary
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-28-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☒ Delete
NAME **SUSKEY, JOHN T**
STREET ADDRESS **2395 NE 95 ST**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **DS** ☐ Delete
NAME **VICTOR, DOROTHEA**
STREET ADDRESS **923 NE 19 ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **DV** ☒ Delete
NAME **SUSKEY, JANICE J**
STREET ADDRESS **2395 NE 95 ST**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **DP** ☐ Delete
NAME **VICTOR, RUSSELL**
STREET ADDRESS **923 NE 19 ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☒ Change ☐ Addition
NAME **Shadix, Terry O**
STREET ADDRESS **316 Clemson Dr.**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Change ☐ Addition
NAME **Clayton, Herschel L.**
STREET ADDRESS **10610 Shadow Oak Tr.**
CITY-ST-ZIP **clermont, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Shadix, James M.**
STREET ADDRESS **316 Clemson Dr.**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell Victor, Pres. 3/31/03 (352) 368-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)