

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2005  
Secretary of State**

DOCUMENT# N01000007980

Entity Name: THE SOUTHERN OUTRIDERS OF REDLAND FLORIDA, INC.

**Current Principal Place of Business:**

24430 SW 157TH AVE.  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

24430 SW 157TH AVE.  
HOMESTEAD, FL 33031

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

STABLES, LAZY B  
24430 S.W. 157TH AVE.  
HOMESTEAD, FL 33031 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWARD, INEZ  
Address: 24430 S.W. 157 AVE.  
City-St-Zip: HOMESTEAD, FL 330326209

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

Title: VD ( ) Delete  
Name: CRIBB, DEBRA HAWK  
Address: 25451 S.W. 147 AVE.  
City-St-Zip: HOMESTEAD, FL 330326209

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

Title: TDSD ( ) Delete  
Name: HOWARD, ALLEN  
Address: 24430 SW 157 AVE.  
City-St-Zip: HOMESTEAD, FL 33031

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: INEZ HOWARD

PD

07/06/2005

Electronic Signature of Signing Officer or Director

Date