

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004369

1. Entity Name
RIVERCITY RIDERS, INC.



Principal Place of Business
**9260 REWIS ROAD
JACKSONVILLE, FL 32220**

Mailing Address
**9260 REWIS ROAD
JACKSONVILLE, FL 32220**



04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEY, SHARON E
9260 REWIS ROAD
JACKSONVILLE, FL 32220**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, SHARON E 9260 REWIS ROAD JACKSONVILLE, FL 32220
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CAROLE D 177 MAYALL DRIVE WEST JACKSONVILLE, FL 32220
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, MICHAEL 9260 REWIS ROAD JACKSONVILLE, FL 32220
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, CRYSTAL 10556 FORD RD BRYCEVILLE, FL 32009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

UD00000114515
04/15/04-80053-012 70.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Crystal M. Lane

4/14/04 (904) 280-9000