

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009434

FILED
Apr 11, 2006
Secretary of State

Entity Name: IRON INDIAN RIDERS ASSOCIATION, INC.

Current Principal Place of Business:

1645 17TH PLACE, S.W.
VERO BEACH, FL 32962

New Principal Place of Business:

5301 SUSON LANE
FT. PIERCE, FL 34951

Current Mailing Address:

1645 17TH PLACE, S.W.
VERO BEACH, FL 32962

New Mailing Address:

5301 SUSON LANE
FT. PIERCE, FL 34951

FEI Number: 20-0394345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVER, JUDITH R
1645 17TH PLACE, S.W.
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

SHIVER, JUDITH R
5301 SUSON LANE
FT. PIERCE, FL 34951 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:

04/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLAWS, BOB
Address: 2539 COLUMBINE CIRCLE
City-St-Zip: LAFAYETTE, CO 80026

Title: TD () Delete
Name: LOWDEN, DAVID
Address: 1625-2 NEWPORT AVENUE
City-St-Zip: GROVER BEACH, CA 93433

Title: VPD () Delete
Name: SARRAIL, MICHAEL S
Address: 6896 BERYL STREET
City-St-Zip: ALTA LOMA, CA 91701

Title: SD (X) Delete
Name: SHIVER, JUDITH R
Address: 1645 17TH PLACE, S.W.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOWDEN, DAVID
Address: 1625-2 NEWPORT AVENUE
City-St-Zip: GROVER BEACH, CA 93433

Title: D (X) Change () Addition
Name: SARRAIL, MICHAEL S
Address: 6896 BERYL STREET
City-St-Zip: ALTA LOMA, CA 91701

Title: D (X) Change () Addition
Name: SHIVER, JUDITH R
Address: 5301 SUSON LANE
City-St-Zip: FT. PIERCE, FL 34951

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 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: JUDITH R. SHIVER

D

04/11/2006

Electronic Signature of Signing Officer or Director

Date