2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90438 027 ****61.25

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02192004 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000000478

1. Entity Name
SPIRIT RIDERS MINISTRIES, INC.

Principal Place of Business	Mailing Address
10610 SHADOW OAK TRAIL CLERMONT, FL 34711	10610 SHADOW OAK TRAIL CLERMONT, FL 34711

2. Principal Place of Business	3. Mailing Address
316 Clemson Drive Suite, Apt. #, etc.	316 Clemson Drive Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: US	Zip: 32714 Country: US

4. FEI Number: 20-0749618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTOR, HERSCHEL L
10610 SHADOW OAK TRAIL
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: Terry O. Shadix
Street Address (P.O. Box Number is Not Acceptable): 316 Clemson Drive
City: Altamonte Springs FL Zip Code: 32714

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: Terry O. Shadix Terry O. Shadix, Treasurer 4/27/04
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAYTOR, HERSCHEL L 10610 SHADOW OAK TRAIL CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VICTOR, DOROTHEA L 4708 NE 20TH CT OCALA, FL 34479	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHADIX, TERRY O 316 CLEMSON DR ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHADIX, JAMES M 316 CLEMSON DR ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Terry O. Shadix 4/27/04 407-928-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #