

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000478

FILED
May 06, 2008
Secretary of State

Entity Name: SPIRIT RIDERS MINISTRIES, INC.

Current Principal Place of Business:

1001 WOODSMERE PKWY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560802
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 20-0749618 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

HOWZE, MARY B
1001 WOODSMERE PKWY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HOWZE, TIMOTHY J
Address: 1001 WOODSMERE PKWY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VPD () Delete
Name: RICHEY, JOHN
Address: 301 NAYLOR DR.
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: TD () Delete
Name: DIBIASE, GWEN
Address: 884 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D () Delete
Name: HOWZE, MARY B
Address: 1001 WOODSMERE PKWY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D () Delete
Name: DIBIASE, CARMINE
Address: 884 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D () Delete
Name: GATES, MATTHEW
Address: 5561 S. US HWY 1
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: FREESE, CHARLES
Address: 6450 BEARD ST.
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY HOWZE

PD

05/06/2008

Electronic Signature of Signing Officer or Director

Date