2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N04000000478

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 ( )**

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:	FREESE, CHARLES	
Address:	6450 BEARD ST.	
City-St-Zip:	COCOA, FL 32927	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	BALDWIN, DEBBIE	
Address:	1319 STUTTGART AVENUE NW	
City-St-Zip:	PALM BAY, FL 32907 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BALDWIN, WALLY	
Address:	1319 STUTTGART AVE. NW	
City-St-Zip:	PALM BAY, FL 32907 US	

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 J. HOWZE PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date