

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 003 ****61.25

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1. Entity Name
CREEK RIDERS ORGANIZATION, INC.

Principal Place of Business
**132 QUAILWOOD DR
 WINTER HAVEN, FL 33880**

Mailing Address
**132 QUAILWOOD DR
 WINTER HAVEN, FL 33880**

40057424



03232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0629627

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALDAL, JIM
 627 25TH ST NW
 WINTER HAVEN, FL 33880**

Name **DANE STOTHERS**

Street Address (P.O. Box Number is Not Acceptable)

968 WHISPER LAKE DR

City **WINTER HAVEN**

FL

Zip Code **33880**

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, 2006**

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 Delete
P
ALDAL, JIM
 STREET ADDRESS **627 25TH ST NW**
 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE NAME Change Addition
P
DANE STOTHERS
 STREET ADDRESS **968 WHISPER LAKE DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE NAME Delete
V
MC DONALD, MARK
 STREET ADDRESS **1528 FOXRIDGE RUN W**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE NAME Change Addition
V
BERNIE ROGERS
 STREET ADDRESS **515 HILLCAST DR SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE NAME Delete
S
KING, JAN
 STREET ADDRESS **132 QUAILWOOD DR**
 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jan King **JAN KING**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-06
 Date

863-412-0160
 Daytime Phone #