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Aug 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04932 (2)
1. Corporation Name
SOUTH EASTERN DISTANCE RIDERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% V.M. WILSON % V.M. WILSON
1722 PARK AVENUE 1722 PARK AVENUE
TITUSVILLE FL 32780 TITUSVILLE FL 32780-3312

3. Date Incorporated or Qualified 08/30/1984 3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address
21 % Vicki Castro 26 Suite, Apt. #, etc.
22 5120 Date Palm St 27 City & State
23 Cocoa FL 28 City & State
24 Zip 32927 25 Country 29 Zip 30 Country

4. FEI Number 59-2580378 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, VIRGINIA
1722 PARK AVE
TITUSVILLE FL 32780

81 Name Vicki Castro
82 Street Address (P.O. Box Number is Not Acceptable) 5120 Date Palm St
83
84 City Cocoa FL 85 Zip Code 32927

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Vicki Castro Treas Vicki Castro 5/19/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	PAUL, KATHY	1.1 TITLE	PD	1.2 NAME	Eileen Cornwell
STREET ADDRESS	4315 PACKARO DRIVE	CITY-ST-ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS	12020 Sandy Run	1.4 CITY-ST-ZIP	Jupiter, FL 33478
TITLE	VD	NAME	BEBBLE, CINDY	2.1 TITLE	VD	2.2 NAME	Deena Myer
STREET ADDRESS	RT 2 BOX 138-1	CITY-ST-ZIP	GREENVILLE FL	2.3 STREET ADDRESS	10155 Forestline Ave	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32452
TITLE	TD	NAME	WILSON, VIRGINIA	3.1 TITLE	TD	3.2 NAME	VICKI CASTRO
STREET ADDRESS	1722 PARK AVE	CITY-ST-ZIP	TITUSVILLE FL	3.3 STREET ADDRESS	5120 Date Palm St	3.4 CITY-ST-ZIP	Cocoa FL 32927
TITLE	SD	NAME	WAGNER, CAROLYN	4.1 TITLE	CAROL CHARK	4.2 NAME	PO BOX 364
STREET ADDRESS	2400 PONDORA LN	CITY-ST-ZIP	CHULUOTA FL	4.3 STREET ADDRESS	Jupiter FL 33468	4.4 CITY-ST-ZIP	Jupiter FL 33468
TITLE		NAME		5.1 TITLE	SD	5.2 NAME	Mickey Blanford
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	286 Buckskin Lane	5.4 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)