

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 048 \*\*\*\*61.25

<b>DOCUMENT # N05591</b> 1. Entity Name <b>THE RIVERDALE WILDCATS, INC.</b>					
Principal Place of Business <b>9800 BUCKINGHAM RD. FORT MYERS, FL 33905</b>			Mailing Address <b>PO BOX 50953 FORT MYERS, FL 33994</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2501214</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAVIS, JERRY SR 835 URCHIN CIRCLE FT MYERS, FL 33913</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, JERRY SR</b>		NAME	<b>8547 Pegasus Drive</b>	
STREET ADDRESS	<b>835 URCHIN CIRCLE</b>		STREET ADDRESS	<b>Lehigh Acres, FL 33971</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33913</b>		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LORENZ, ROBERT</b>		NAME		
STREET ADDRESS	<b>1210 NUNA AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRAWFORD, GERALD</b>		NAME		
STREET ADDRESS	<b>838 DELLENA LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Fay Moten, Fay</b>		NAME	<b>Moten, Fay</b>	
STREET ADDRESS	<b>1145 Whitehead Creek Loop</b>		STREET ADDRESS	<b>1145 Whitehead Creek Loop</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33916</b>		CITY-ST-ZIP	<b>Fort Myers, FL 33916</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Freddie Johnson, Freddie</b>	
STREET ADDRESS			STREET ADDRESS	<b>4783 Hunters Green Drive</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers, FL 33905</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Jerry Davis Sr.</i></u>			Date: <u>7/9/2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>239 3344733</u>		