

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05591

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE RIVERDALE WILDCATS, INC.

Current Principal Place of Business:

9800 BUCKINGHAM RD.
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50953
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 59-2501214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JERRY SR
835 URCHIN CIRCLE
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

MOTEN, FAY D
1145 WHITEHEAD CREEK LOOP
FT MYERS, FL 33916 US

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: FAY D MOTEN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, JERRY SR
Address: 8547 PEGASUS DRIVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V () Delete
Name: MOTEN, FAY
Address: 1145 WHITEHEAD CREEK LOOP
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: JOHNSON, FREDDIE
Address: 4783 HUNTERS GREEN DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, JIMMY
Address: 3707 SUNTRUST DRIVE
City-St-Zip: FORT MYERS, FL 33916

Title: V (X) Change () Addition
Name: MOTEN, FAY D
Address: 1145 WHITEHEAD CREEK LOOP
City-St-Zip: FORT MYERS, FL 33916

Title: T (X) Change () Addition
Name: SMITH, CALVIN
Address: 2118 SE 1ST STREET
City-St-Zip: CAPE CORAL, FL 33990

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: FAY D MOTEN

V

04/30/2009

Electronic Signature of Signing Officer or Director

Date