2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# N06000000665

Entity Name: CENTRAL FLORIDA QUAD RIDERS ASSOCIATION, INC

Current Principal Place of Business:

1605 HENDRICKS RD
LAKELAND, FL 33811 US

New Principal Place of Business:

Current Mailing Address:

1605 HENDRICKS RD
LAKELAND, FL 33811 US

New Mailing Address:

FEI Number: 20-4323390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMMOND, DON M II
1605 HENDRICKS RD
LAKELAND, FL 33811 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: P ( ) Delete
Name: HAMMOND, DON M PRES
Address: 1605 HENDRICKS RD
City-St-Zip: LAKELAND, FL 33811 US

Title: VP ( ) Delete
Name: TURNER, JEREMY V-PRES
Address: 5115 N SOCRUM LOOP RD APT 185
City-St-Zip: LAKELAND, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: HAMMOND, DON M DIR
Address: 1605 HENDRICKS RD
City-St-Zip: LAKELAND, FL 33811 US

Title: DIR (X) Change ( ) Addition
Name: RIDDLE, MIKE PRES
Address: P.O. BOX 562
City-St-Zip: ALTURAS, FL 33820 US

Title: DIR ( ) Change (X) Addition
Name: RIDDLE, JAQUE DIR
Address: P.O. BOX 562
City-St-Zip: ALTURAS, FL 33820 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: DON M HAMMOND DIR 09/01/2008

Electronic Signature of Signing Officer or Director — Date