2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N06000007240

Entity Name: RIDERS BY THE SEA, INC.

Current Principal Place of Business:

249 ORANGE AVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

249 ORANGE AVE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-5334812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIES, EILEEN C
249 ORANGE AVE
JACKSONVILLE, FL 32259 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: D ( ) Delete
Name: DAVIES, EILEEN C
Address: 249 ORANGE AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: MARIN, NANCY
Address: BOUGANVILLA DRIVE
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D ( ) Delete
Name: GIBSON, KATHERINE
Address: JAX GOLF & COUNTRY CLUB
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: DAVIES, ANDREW
Address: 249 ORANGE AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: BEHREND, SHEILA
Address: 249 ORANGE AVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EILEEN C DAVIES OFFI 01/18/2009

Electronic Signature of Signing Officer or Director — Date