


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 046 ****70.00

DOCUMENT # N06000012473
 1. Entity Name
THE ROOSEVELT MILITARY ACADEMY ROUGH RIDER ASSOCIATION, INC.



Principal Place of Business Mailing Address
5941 PARKWALK DR., NR. 813 BOYNTON BEACH FL 33437 **5941 PARKWALK DR., NR. 813 BOYNTON BEACH FL 33437**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **20-8007429** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FEITLER, GERALD
5941 PARKWALK DR., NR. 813
BOYNTON BEACH FL ~~33437~~ 33472-2325

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GWYNNE, JACK	
STREET ADDRESS	1850 PAR RUN	
CITY-ST-ZIP	PACIFIC MO 63069	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEAVER, GARY	
STREET ADDRESS	202 CAHOKI CT.	
CITY-ST-ZIP	SPARLAND IL 61565	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAGI, B. MICHAEL	
STREET ADDRESS	13725 FM2728N	
CITY-ST-ZIP	TERRELL TX 75161	
TITLE	T	<input type="checkbox"/> Delete
NAME	FEITLER, GERALD	
STREET ADDRESS	5941 PARKWALK DR., NR. 813	
CITY-ST-ZIP	BOYNTON BEACH FL 33437 33472-2325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Gerald Feitler* **Gerald Feitler** *2/21/08* **561-716-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #