

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-31-2008 90013 023 61.25

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4005400 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000011112					
1. Entity Name BROTHERHOOD RIDE, INC.					
Principal Place of Business 2165 MALIBU LAKES CIRCLE #1628 NAPLES, FL 34119			Mailing Address P.O. BOX 110862 NAPLES, FL 34108		
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 33-1187088	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORSE, JEFF 4559 SANTIAGO LANE BONITA SPRINGS, FL 34134			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORSE, JEFF		NAME		
STREET ADDRESS	4559 SANTIAGO LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCDONALD, DAN		NAME		
STREET ADDRESS	8082 TAUREN COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	SEC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORSE, CANDY		NAME		
STREET ADDRESS	4559 SANTIAGO LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	TRES	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STROMDAHL, SHAWN		NAME		
STREET ADDRESS	2165 MALIBU LAKES CIRCLE #1628		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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.					
SIGNATURE: <u>SHAWN STROMDAHL</u>			03-28-08 239-925-3330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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