

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000925

FILED
Feb 21, 2009
Secretary of State

Entity Name: FREE RIDER FELLOWSHIP, INC.

Current Principal Place of Business:

610 N ALEXANDER ST
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

3433 LITHIA PINECREST ROAD PMB 250
VALRICO, FL 33596

New Mailing Address:

FEI Number: 26-1758337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, SANDY D
238 MYSTIC FALLS DR.,
APOLLO BEACH, FL 33572 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: BROWN, AARON C
Address: 4105 ROBIN WAY
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: FARMER, JONATHAN M
Address: 238 MYSTIC FALLS DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Delete
Name: SITTON, SCOTT M
Address: 3204 SILVERLAKE CT
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SMITH, RONALD J
Address: 3022 CUNARD DR
City-St-Zip: VALRICO, FL 33594

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:

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: JONATHAN M. FARMER

D

02/21/2009

Electronic Signature of Signing Officer or Director

Date