

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000925

**FILED**  
**Jan 23, 2010**  
**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  
**Name:** BROWN, AARON C  
**Address:** 4105 ROBIN WAY  
**City-St-Zip:** VALRICO, FL 33594

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

**Title:** D  
**Name:** TUSSING, GLENN  
**Address:** 2314 NEEDHAM DR  
**City-St-Zip:** VALRICO, FL 33596

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

I hereby 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 all other like empowered.

**SIGNATURE:** SANDY D. FARMER

TR

01/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date