

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 25, 2011**  
**Secretary of State**

DOCUMENT# N08000000925

**Entity Name:** FREE RIDER FELLOWSHIP, INC.**Current Principal Place of Business:**2207 MUD LAKE ROAD  
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:**FALOON, CAROL D  
1104 ALPINE DRIVE  
BRANDON, FL 33510 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

Title: D  
Name: SCHIVONE, MICHAEL  
Address: 1105 S. TAYLOR ROAD  
City-St-Zip: SEFFNER, FL 33584

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: CAROL FALOON

RA

05/25/2011

Electronic Signature of Signing Officer or Director

Date