

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005099

FILED
Apr 28, 2009
Secretary of State

Entity Name: RIBBON RIDERS, INC.

Current Principal Place of Business:

1500 TENNESSEE AVENUE
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

PO BOX 701236
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 26-2717017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYE, LUISA
244 RIVER OAKS LANDING COURT
DEBARY, FL 32713 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: P () Delete
Name: ALEXA, CHRISTINE
Address: 1500 TENNESSEE AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: VP () Delete
Name: FORD, MARIA
Address: 1411 SAN JACINTO CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: KLUG, PAMELA
Address: 711 ASHGROVE TERRACE
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: DYE, LUISA
Address: 244 RIVER OAKS LANDING COURT
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: PLEASANTS, ALEXIS
Address: 3720 PELICAN LANE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: PEARCE, CARMEN
Address: 115 RACHEL LIN LANE
City-St-Zip: ST CLOUD, FL 34771

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
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City-St-Zip:

Title: () Change () Addition
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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: LUISA K. DYE

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date