

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008481

FILED
Apr 19, 2009
Secretary of State

Entity Name: REAL RIDERS CORP. NORTH FL. CHAPTER

Current Principal Place of Business:

4975 CERISE STREET
JACKSONVILLE, FL 322582210

New Principal Place of Business:

4975 CERISE STREET
JACKSONVILLE, FL 32258

Current Mailing Address:

4975 CERISE STREET
JACKSONVILLE, FL 322582210

New Mailing Address:

4975 CERISE STREET
JACKSONVILLE, FL 32258

FEI Number: 32-0271381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREMAN, JR., JOHN
4975 CERISE STREET
JACKSONVILLE, FL 322582210 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: FOREMAN, JOHN
Address: 4975 CERISE STREET
City-St-Zip: JACKSONVILLE, FL 322582210

Title: VP () Delete
Name: LEON, ROBERT
Address: 9421 SPOTTSWOOD RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: CHAP () Delete
Name: MILLER, RONALD
Address: 13028 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: ROBOINSON, CAROL
Address: 12329 TEAL RUN CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: S () Delete
Name: DAWSON, LEATRICE
Address: 4375 CONFEDERATE PT RD #22W
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: LEATRICE DAWSON

S

04/19/2009

Electronic Signature of Signing Officer or Director

Date