2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N21506

Entity Name: HILLSBOROUGH ROUGH RIDERS, INC.

Current Principal Place of Business:

11510 WHISPER LAKE, TRAIL
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

11510 WHISPER LAKE, TRAIL
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-2848496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAKAS, JOHN W., JR.
11510 WHISPER LACE TRAIL
TAMPA, FL 33626 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: PD ( ) Delete
Name: HENSON, KIRK
Address: 3332 WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

Title: DS ( ) Delete
Name: HARRE-ORR, BETH
Address: 711 W INDIANA AVE
City-St-Zip: TAMPA, FL 33603

Title: T ( ) Delete
Name: VAN DIJK, SANDRA
Address: 12805 TITINA WAY
City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLUM, LINDA
Address: 11070 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change ( ) Addition
Name: BARKER, BOB
Address: 5803 HALF MOON LAKE RD
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SC ( ) Change (X) Addition
Name: HAJAISTRON, KIM
Address: 3943 VERSAILLES DR
City-St-Zip: TAMPA, FL 33625

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: SANDRA VANDIJK T 04/12/2009

Electronic Signature of Signing Officer or Director — Date