


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-16-2004 90030 024 ****61.25

DOCUMENT # N21569
1. Entity Name
THE RIVER CITY DIRT RIDERS, INC.



Principal Place of Business
**17560 MONTESSA TERRACE
JACKSONVILLE FL 32226
US**

Mailing Address
**17560 MONTESSA TERRACE
JACKSONVILLE FL 32226
US**

66409239



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
12347 Cormorant Dr
Suite, Apt. #, etc.

City & State
Jacksonville, FL

4. FEI Number
63-0935103

Applied For
 Not Applicable

Zip
32223

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DR.
PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, BONNIE 17560 MONTESSA TERRACE JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MASTERS, HARRIS P.O. BOX 0155 ELKTON FL 32033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ST. JOHN, TIFFANY 116 VILLAGE DR. WOODSINE GA 31660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REAVES, WANDA 563 JACKSON ROAD JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LD PHILLIPS, BOB 17560 MONTESSA TERRACE JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Andrew Dickson 78 Dolphin Blvd Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Ernest D. St. John PO Box 66 Olfustee, FL 32072	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Jean Masters PO Box 0155 Elkton, FL 32033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer James Porter 12347 Cormorant Dr Jacksonville FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lease Director Edmund Murzic 3626 Stanley St. Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Candy Necker - Pres.* *Andy Dickson* 4/1/04 (904) 813-5713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #