


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90011 041 ****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
**12347 CORMORANT DR
 JACKSONVILLE, FL 32223 US**



2. Principal Place of Business
6010 Winfred Masters Road

3. Mailing Address
P.O. Box 0155

Suite, Apt. #, etc.
Elkton, Florida

03162005 Chg-NP CR2E037 (10/03)

City & State
Elkton, FL

City & State
Elkton, Florida

Zip
32033

Country
USA

Zip
32033-0155

Country
USA

4. FEI Number
63-0935103

Applied For
 Not Applicable

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 DICKSON, ANDREW <input type="checkbox"/> Delete 78 DOLPHIN BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST. JOHNN, ERNEST <input type="checkbox"/> Delete PO BOX 55 OLUSTEE, FL 32072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MASTERS, JEAN PO BOX 0155 ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete PORTER, JAMES 12347 CORMORANT DR JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD <input type="checkbox"/> Delete MUZIC, EDMUND 3626 STANLEY ST JACKSONVILLE, FL 32207
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition St. John, Ernest PO Box 66 Olustee, FL 32072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Wanda Reaves 563 Jackson Road Jacksonville, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER Harry L. Masters 6010 Winfred Masters Road Elkton, FL 32033-0155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Harry L. Masters **3-29-05** **904-692-1090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #