

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
Suite, Apt. #, etc.

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

4. FEI Number
63-0935103

Applied For
Not Applicable

Zip
32033 Country
USA

Zip
32033-0155 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

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
78 DOLPHIN BLVD
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ST. JOHNN, ERNEST
PO BOX 55
OLUSTEE, FL 32072 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MASTERS, JEAN
PO BOX 0155
ELKTON, FL 32033 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PORTER, JAMES
12347 CORMORANT DR
JACKSONVILLE, FL 32223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LD
MUZIC, EDMUND
3626 STANLEY ST
JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
St. John, Ernest
PO Box 66
OLUSTEE, FL 32072 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Wanda Reaves
563 Jackson Road
JACKSONVILLE, FL 32225 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
Harry L. Masters
6010 Winfred Masters Road
Elkton, FL 32033-0155 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

904-692-1090

Date

Daytime Phone #