


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 030 ****61.25

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

40045443



03122007 Chg-NP CR2E037 (12/06)

Principal Place of Business 6010 WINFRED MASTERS ROAD ELKTON, FL 32033 US	Mailing Address PO BOX 0155 ELKTON, FL 32033-0155 US
---	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 63-0935103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 JAMES WALKER Street Address (P.O. Box Number is Not Acceptable) 228 Ponte Vedra Park Drive City Ponte Vedra Beach FL Zip Code 32082	
--	--	--	--

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DICKSON, ANDREW 78 DOLPHIN BLVD PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Edmund MURZIC 5906 MARTY CT Jacksonville, Fla. 32216 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ST JOHNS, TIFFANY 116 VILLAGE DR WOODBINE, GA 31589	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Bob Phillips 1560 Montessa Terrace Jacksonville, Fl. 32226 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, STEVE 1771 RIVER PLANTATION LN JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	← Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MASTERS, HARRY 6010 WINFRED MASTERS ROAD ELKTON, FL 320330155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	← Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LD MUZIC, EDMUND 3626 STANLEY ST JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LD MARK BEEBE 9495 Cow Pen Rd. Sanderson, Fl. 32087 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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: Edmund Muzic **Edmund Muzic** 3/13/06 (904) 465-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #