

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27844

FILED
Apr 17, 2007
Secretary of State

Entity Name: CALOOSA RIDERS, INC.

Current Principal Place of Business:

P O BOX #870
FT MYERS, FL 33902

New Principal Place of Business:

7963 GABION COURT
BOKEELIA, FL 33922

Current Mailing Address:

P O BOX #870
FT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0070971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERZ, DALE TREAS.
715 SW 53RD TERR.
CAPE CORAL, FL 33914 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: TD () Delete
Name: STERZ, DALE TREAS
Address: 715 SW 53RD TERR
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SD () Delete
Name: BYERLY, ALAN SEC
Address: 8049 COUNTRY RD
City-St-Zip: FT. MYERS, FL 33919 US

Title: P () Delete
Name: BENNETT, RICHARD PRES
Address: 4017 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: VP () Delete
Name: GARRISON, BILL V PRES
Address: 11007 WINE PALM ROAD
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: WELLS, CHRIS PRES
Address: 7963 GABION COURT
City-St-Zip: BOKEELIA, FL 33922 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DALE STERZ

TR

04/17/2007

Electronic Signature of Signing Officer or Director

Date