

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006320 (5)

1. Corporation Name

CENTRAL FLORIDA RIDERS OF ORLANDO, FLORIDA, INC.

Principal Place of Business

1203 FOX TREE TRAIL
APOPKA FL 32712

Mailing Address

1203 FOX TREE TRAIL
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2906 N.O.B.T

Suite, Apt. #, etc.

22 City & State

23 Orlando, Florida

Zip

24 32804

Country

25 USA

2a. Mailing Address

26 2906 N.O.B.T

Suite, Apt. #, etc.

27 City & State

28 Orlando, Florida

Zip

29 32804

Country

30 USA

9. Name and Address of Current Registered Agent

MORRELL, JOSEPH
501 N. MAGNOLIA AVENUE
SUITE C
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph Morrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARE, LENNON
STREET ADDRESS	4442 LENOX BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	SCOTT, JOHNNEL
STREET ADDRESS	P.O. BOX 185
CITY - ST - ZIP	LAKE MONROE FL
TITLE	D
NAME	BROWN, JOE
STREET ADDRESS	3110 TRADEWINDS TRAIL
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	HARRIS, JAMES
STREET ADDRESS	2 VILLAGE GREEN
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Demosthenes McRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/95

299,9200

Checklist Item 8

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