

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003517

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: OSCEOLA RIDERS INCORPORATED

## Current Principal Place of Business:

4510 PINE TREE DR  
ST. CLOUD, FL 34772 US

## New Principal Place of Business:

5849 JACK BRACK ROAD  
ST. CLOUD, FL 34771 US

## Current Mailing Address:

PO BOX 701232  
ST. CLOUD, FL 34770 US

## New Mailing Address:

FEI Number: 59-3469513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUL, THERESA  
5849 JACK BRACK ROAD  
ST. CLOUD, FL 34771 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: PD ( ) Delete  
Name: BERLINE, PAUL  
Address: 4233 SETTLERS COURT  
City-St-Zip: ST. CLOUD, FL 34772

Title: VD ( ) Delete  
Name: PLOTNER, TODD  
Address: 325 NEW YORK AVE  
City-St-Zip: ST. CLOUD, FL 34769

Title: SD ( ) Delete  
Name: DAVIS, MELINDA  
Address: 10143 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete  
Name: SAUL, THERESA  
Address: 5849 JACK BRACK RD.  
City-St-Zip: ST. CLOUD, FL 34771

Title: SA ( ) Delete  
Name: DAVIS, TOM  
Address: 10143 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: DAVIS, TOM  
Address: 10143 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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

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

Title: SA (X) Change ( ) Addition  
Name: KEEBLER, JOHN  
Address: 4805 OLD OAK TRAIL  
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify 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: THERESA SAUL

TD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date