

2004.NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM-
Secretary of State

DOCUMENT # N97000004118 1. Entity Name REVELATION RIDERS, INC.			
Principal Place of Business 14423 NW 193 ST ALACHUA, FL 32615		Mailing Address 14423 NW 193 ST ALACHUA, FL 32615	
2. Principal Place of Business 161 SW DYLAN WAY		3. Mailing Address 161 SW DYLAN WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State LAKE CITY, FL	
Zip 32025		Zip 32025	
Country USA		Country USA	
4. FEI Number 59-3452230		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, JOHN PAUL III 14423 NW 193 ST ALACHUA, FL 32615		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 (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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	DP JONES, JOHN PAUL III 14423 N.W. 193RD STREET ALACHUA, FL 32615	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST JONES, LINDA R 14423 N.W. 193RD STREET ALACHUA, FL 32615	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, RUSTY 3531 N.W. 35TH PLACE GAINESVILLE, FL 32606	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, MILDRED 3531 NW 35 PL GAINESVILLE, FL 32606	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, RONALD N PO BOX 1238 HIGH SPRINGS, FL 32655	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, ANN C PO BOX 1238 HIGH SPRINGS, FL 32655	☐ Delete	☐ 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:		JOHN PAUL JONES III	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-8-04 Daytime Phone # 386-752-1971	



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