

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90012 014 ****61.25

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

Suite, Apt. #, etc.

3. Mailing Address

161 SW DYLAN WAY

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32025

Country

USA

Zip

32025

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

161 SW DYLAN WAY

LAKE CITY, FL 32025

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, JOHN PAUL III	
STREET ADDRESS	14423 N.W. 193RD STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	JONES, LINDA R	
STREET ADDRESS	14423 N.W. 193RD STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, RUSTY	
STREET ADDRESS	3531 N.W. 35TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, MILDRED	
STREET ADDRESS	3531 NW 35 PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, RONALD N	
STREET ADDRESS	PO BOX 1238	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, ANN C	
STREET ADDRESS	PO BOX 1238	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Linda R. Jones* 386-752-1971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #