

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 021 ****70.00

DOCUMENT # N97000005371

1. Entity Name
THE F.A.I.T.H. RIDERS, INC.



Principal Place of Business
**2890 NORTH SHELL ROAD
DELAND, FL 32720**

Mailing Address
**2890 NORTH SHELL ROAD
DELAND, FL 32720**

54018131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3472719

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADDOX, DEBORAH L
1171 GLENWOOD TRAILS
DELAND, FL 32720**

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEBORAH L MADDOX	
STREET ADDRESS	1171 GLENWOOD TRAILS	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBRA M WOOD	
STREET ADDRESS	1747 CONCERT RD	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERLING, HOWARD	
STREET ADDRESS	90 PARK AVENUE-	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEYMAN, LARRY	
STREET ADDRESS	7410 CHAMPAGNE PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANBECK, CHARLES	
STREET ADDRESS	5328 NW 94TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	605 Marion Court	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	304 N. High Street	
CITY-ST-ZIP	Deland, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6698 E Montego Bay	
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: *Debra M. Wood* (DEBRA M. WOOD)

Date

Daytime Phone #

3-10-04 386-740-9390