

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3472719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MADDOX, DEBORAH L
605 MARION CRT
DELAND, FL 32720

DO NOT WRITE
IN THIS SPACE

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEBORAH L MADDOX
STREET ADDRESS 605 MARION COURT
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME DEBRA M WOOD
STREET ADDRESS 304 N. HIGH STREET
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME STERLING, HOWARD
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE D
NAME HEYMAN, LARRY
STREET ADDRESS 6698 E. MONTEGO BAY
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME SWANBECK, CHARLES
STREET ADDRESS 5328 NW 94TH WAY
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000533766
05/06/06-80136-005 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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) 4-18-06 380-740-9390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #