

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



01312007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/17/07-80049-007 70.00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA M. Wood

4/27/07
Date

386
740-9390
Daytime Phone