


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 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	



02082008 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 <input checked="" type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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	

U00000824997
02/20/08-80099-018 70.00

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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) 2-8-08 386-736-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #