

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000322

1. Entity Name

THE ROUGH RIDERS OF NORTH FLORIDA, INC.



FILED

04 APR 22 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

204 S MONROE STREET  
TALLAHASSEE, FL 32301

Mailing Address

204 S MONROE STREET  
TALLAHASSEE, FL 32301



01062004 No Chg-NP

CR2E037 (10/03)

04

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-3825800

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLANK, F. PHILIP  
204 S MONROE STREET  
TALLAHASSEE, FL 32301

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANK, PHILIP F
STREET ADDRESS	204 S. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VPD
NAME	BOYD, JOE
STREET ADDRESS	1407 PIEDMONT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD
NAME	MCSWAIN, T. ROSS
STREET ADDRESS	204 S. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800035724528  
05/06/04--01073--011 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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