

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90040 028 \*\*\*\*61.25

**DOCUMENT # N99000007078**

1. Entity Name  
**RIDE WITH THE STARS, INC.**



Principal Place of Business  
**C/O PINELLAS COUNTY SHERIFF'S DEPT  
P.O. BOX 2500  
LARGO, FL 33779**

Mailing Address  
**C/O PINELLAS COUNTY SHERIFF'S DEPT  
P.O. BOX 2500  
LARGO, FL 33779**

40052247



2. Principal Place of Business - No P.O. Box #  
**10750 Ulmerton Road**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State  
**Largo, FL**

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip Country  
**33778 USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**WINTERS, ELISE K  
133 N. FT. HARRISON AVENUE  
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name  
**Gualtieri, Robert A.**

Street Address (P.O. Box Number is Not Acceptable)

**10750 Ulmerton Road**

City  
**Largo**

FL Zip Code  
**33778**

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.

**Robert A. Gualtieri**

**4/2/07**

(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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME **DIOQUINO, TERESA**  
STREET ADDRESS **P O BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33778**

TITLE D ☐ Delete  
NAME **COATS, JAMES A**  
STREET ADDRESS **PO BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33779**

TITLE D ☐ Delete  
NAME **PASHA, MARYANNE**  
STREET ADDRESS **PO BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33779**

TITLE D ☒ Delete  
NAME **KWALL, JEAN**  
STREET ADDRESS **PO BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33779**

TITLE D ☐ Delete  
NAME **EGNATUK, TINA**  
STREET ADDRESS **PO BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33779**

TITLE D ☐ Delete  
NAME **MATTSON, JOSEPHINE**  
STREET ADDRESS **PO BOX 2500**  
CITY-ST-ZIP **LARGO, FL 33779**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Change ☒ Addition  
NAME **Foster, Donna**  
STREET ADDRESS **10750 Ulmerton Road**  
CITY-ST-ZIP **Largo, FL. 33778**

TITLE D ☐ Change ☒ Addition  
NAME **McIntyre, Robert D.**  
STREET ADDRESS **1720 Starkey Road**  
CITY-ST-ZIP **Largo, FL. 33771**

TITLE V ☐ Change ☒ Addition  
NAME **Jowell, Sean**  
STREET ADDRESS **10750 Ulmerton Road**  
CITY-ST-ZIP **Largo, FL. 33778**

TITLE T ☐ Change ☒ Addition  
NAME **Detlor, Joanne**  
STREET ADDRESS **10750 Ulmerton Road**  
CITY-ST-ZIP **Largo, FL. 33778**

TITLE D ☐ Change ☒ Addition  
NAME **Lostraglio, Melissa**  
STREET ADDRESS **1720 Starkey Road**  
CITY-ST-ZIP **Largo, FL. 33771**

TITLE D ☐ Change ☒ Addition  
NAME **Chesnutt, Tom**  
STREET ADDRESS **2100 Main Street**  
CITY-ST-ZIP **Dunedin, FL. 34698**

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: **Teresa Dioquino, President**

**4/2/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #