

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007078

FILED
Mar 24, 2009
Secretary of State

Entity Name: RIDE WITH THE STARS, INC.

Current Principal Place of Business:

10750 ULMERTON RD
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

PINELLAS COUNTY SHERIFF'S OFFICE
P.O. BOX 2500
LARGO, FL 33779

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUALTIERI, ROBERT A
10750 ULMERTON RD
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIOQUINO, TERESA
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: COATS, JAMES A
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: PASHA, MARYANNE
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: MCINTYRE, ROBERT D
Address: 1720 STARKEY RD
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: EGNATUK, TINA
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: MATTSO, JOSEPHINE
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JOWELL, SEAN
Address: PO BOX 2500
City-St-Zip: LARGO, FL 33779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA DIOQUINO

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date