

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000478

**Entity Name:** SPIRIT RIDERS MINISTRIES, INC.**Current Principal Place of Business:**884 BROOKVIEW LANE  
ROCKLEDGE, FL 32955**Current Mailing Address:**P.O. BOX 560802  
ROCKLEDGE, FL 32956 US**FEI Number:** 20-0749618**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOWZE, MARY B  
1001 WOODSMERE PKWY  
ROCKLEDGE, FL 32955 US*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**Officer/Director Detail :**

Title	PD
Name	DIBIASE, CARMINE
Address	884 BROOKVIEW LANE
City-State-Zip:	ROCKLEDGE FL 32955

Title	VPD
Name	WALSTED, DENNIS
Address	5137 LK MIRIAN CIRCLE
City-State-Zip:	LAKE LAND FL 33813

Title	TD
Name	BALDWIN, DEBBIE
Address	1319 STUTTGART AVENUE NW
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	DIBIASE, GWEN
Address	884 BROOKVIEW LANE
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	INMAN, PETE
Address	1134 WHITE OAK CIRCLE
City-State-Zip:	MELBOURNE FL 32934

Title	D
Name	BALDWIN, WALLY
Address	1319 STUTTGART AVE. NW
City-State-Zip:	PALM BAY FL 32907

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBBIE BALDWIN**TREASURER****02/13/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date