

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716980

FILED
May 04, 2006
Secretary of State

Entity Name: APOLLO MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

P O BOX 352
POST OFFICE BOX 352
TITUSVILLE, FL 32781 US

New Principal Place of Business:

P O BOX 402
SHARPES, FL 32959 US

Current Mailing Address:

P O BOX 352
POST OFFICE BOX 352
TITUSVILLE, FL 32781 US

New Mailing Address:

P O BOX 402
SHARPES, FL 32959 US

FEI Number: 23-7111764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADEN, R.K.
1040 PLACID DR.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

BAZ, RICHARD A MR.
5550 FRALEY COURT
MERRITT ISLAND, FL 32953 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: RICHARD BAZ

05/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLEOD, MICHAEL
Address: 1375 WAR EAGLE DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: UNDERWOOD, CRAIG
Address: 925 EYELRY
City-St-Zip: PORT ST JOHN, FL 32927

Title: T () Delete
Name: BAZ, RICHARD
Address: 5550 FRALEY CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: CARR, FAWN
Address: 626 PAM LEM ST.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GANNON, ALEX MR.
Address: 4485 OLYMPIC DR.
City-St-Zip: COCOA, FL 32927

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

Title: SD (X) Change () Addition
Name: RIGGINS, BUCK
Address: 1515 HUNTINGTON #113
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD BAZ

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05/04/2006

Electronic Signature of Signing Officer or Director

Date