2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 716980

1. Entity Name
APOLLO MOTORCYCLE CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 402	P O BOX 402
SHARPES, FL 32959 US	SHARPES, FL 32959 US

50000018

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01052007   Chg-NP   CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-7111764
Applied For
Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City   FL   Zip Code

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MCLEOD, MICHAEL STREET ADDRESS: 1375 WAR EAGLE DRIVE CITY-ST-ZIP: TITUSVILLE, FL 32796	☑ Delete	TITLE: PD NAME: GANNON, ALEX STREET ADDRESS: 4485 OLYMPIC DR. CITY-ST-ZIP: COCOA FL 32927	☑ Change ☐ Addition
TITLE: VP NAME: GANNON, ALEX MR. STREET ADDRESS: 4485 OLYMPIC DR. CITY-ST-ZIP: COCOA, FL 32927	☐ Delete	TITLE: VP NAME: UNDERWOOD CRAIG STREET ADDRESS: 925 EYERLY CITY-ST-ZIP: COCOA FL 32927	☐ Change ☑ Addition
TITLE: T NAME: BAZ, RICHARD STREET ADDRESS: 5550 FRALEY CT CITY-ST-ZIP: MERRITT ISLAND, FL 32953	☑ Delete	TITLE: T NAME: MALLOY PAUL STREET ADDRESS: 3700 CARTER RD. CITY-ST-ZIP: MIMS FL 32754	☐ Change ☑ Addition
TITLE: SD NAME: RIGGINS, BUCK STREET ADDRESS: 1515 HUNTINGTON #113 CITY-ST-ZIP: ROCKLEDGE, FL 32955	☐ Delete	TITLE: NAME: STREET ADDRESS: (SD NO CHANGE) CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: _Paul R. Malloy_   PAUL R, MALLOY   1-10-2007   (321)269-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #