

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002045

Entity Name: PALM BEACH CHAPTER H.O.G., INC.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

420 PARK PLACE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2955 45TH STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

420 PARK PLACE
WEST PALM BEACH, FL 33401

New Mailing Address:

2955 45TH STREET
WEST PALM BEACH, FL 33407

FEI Number: 65-0992505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANE, JEFFREY P ESQ.
4800 RIVERSIDE DR., SUITE 101
PALM BCH GARDENS, FL 33410

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: D () Delete
Name: DAMIANO, ANDY
Address: 420 PARK PLACE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: NATALE, JOHN
Address: 420 PARK PLACE
City-St-Zip: W. PALM BCH, FL 33403

Title: D () Delete
Name: LEHMAN, MIKE
Address: 420 PARK PLACE
City-St-Zip: W. PALM BCH, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAMIANO, ANDY
Address: 2955 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD (X) Change () Addition
Name: NATALE, JOHN
Address: 2955 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change () Addition
Name: LEHMAN, MIKE
Address: 2955 45TH STREET
City-St-Zip: W. PALM BCH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE LEHMAN

D

01/18/2004

Electronic Signature of Signing Officer or Director

Date