2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N01000005369

Entity Name: NATIONAL BIKER VENDORS ASSOCIATION, INC.

Current Principal Place of Business:

4252 ACORN AVE
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

4252 ACORN AVE
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-3650841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BRIEN, LORETTA M
4252 ACORN AVE
BUNNELL, FL 32110 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:	GORMLEY, WILLIAM	
Address:	RT 10 P.O. BOX 123	
City-St-Zip:	HAMDEN, NY 13792	
Title:	V	( ) Delete
Name:	TRANNI, MARIO	
Address:	8600 HERBISON AVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	T	( ) Delete
Name:	PRINZ, EDWARD	
Address:	21 BELLMORE PL	
City-St-Zip:	PALM COAST, FL 32137	
Title:	TR	( ) Delete
Name:	WALCOTT, MIKE	
Address:	696 S YONGE ST SUITE D	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	TR	( ) Delete
Name:	COSTA, JIM	
Address:	P.O. BOX 151	
City-St-Zip:	HARMONY, RI 02829	
Title:	PP	( ) Delete
Name:	DONOHUE, BILLY	
Address:	10 WALNUT LANE	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EDWARD PRINZ T 04/10/2009
Electronic Signature of Signing Officer or Director — Date