


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000005442 1. Entity Name BIKERS FOR FIRST AMENDMENT RIGHTS, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 05 SEP 13 PM 12:16 SECRETARY OF STATE </div>					
Principal Place of Business 2594 PALM DRIVE PORT ORANGE, FL 32128				Mailing Address 2594 PALM DRIVE PORT ORANGE, FL 32128							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
5. Name and Address of Current Registered Agent COLOSIMO, EDWARD J 2594 PALM DRIVE PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>							
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Edward J. Colosimo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <u>Edward J. Colosimo</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> <u>9-7-05</u> <small>DATE</small> </div> </div>											
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P COLOSIMO, EDWARD J 2594 PALM DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 900059739139 09/19/05--01039--004 **61.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENDER, GARY 2594 PALM DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Susan E. Colosimo 2594 Palm Drive Port Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLOSIMO, SUSAN E 2594 PALM DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Betty Landrum 801 Oakview Drive New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLOSIMO, SUSAN E 2594 PALM DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Betty Landrum 801 Oakview Drive New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Bd. of Directors Richard Birrenbach 101 Tom Circle Port Orange, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Bd. of Directors Ann Birrenbach 101 Tom Circle Port Orange, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Edward J. Colosimo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>9-7-05</u> <small>Date</small>				<u>(386) 304-8767</u> <small>Daytime Phone #</small>			
<u>Edward J. Colosimo</u>											