2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N05000000043

Entity Name: ENFORCERS MOTORCYCLE CLUB SARASOTA CHAPTER INC.

Current Principal Place of Business:

57 HANNAH ST
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

755 NIGHTINGALE RD.
VENICE, FL 34293

Current Mailing Address:

57 HANNAH ST
PORT CHARLOTTE, FL 33954

New Mailing Address:

755 NIGHTINGALE RD.
VENICE, FL 34293

FEI Number: 45-0571233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, NORMAN J
57 HANNAH ST
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

MALLUCCI, PETER A
755 NIGHTINGALE RD.
VENICE, FL 34293 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: PETER MALLUCCCI 04/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAIMBEAU, EDWARD
Address: 6546 COLISEUM BLVD
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: V ( ) Delete
Name: GALLENTINE, GARY L
Address: 256 COUGAR WAY
City-St-Zip: ROTONDA WEST, FL 33947

Title: T ( ) Delete
Name: FERNANDEZ, NORMAN
Address: 57 HANNAH ST
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MALLUCCI, PETER
Address: 755 NIGHTINGALE RD.
City-St-Zip: VENICE, FL 34293

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: PETER MALLUCCI T 04/25/2009
Electronic Signature of Signing Officer or Director Date