

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90022-016-\$61.25-\$61.25

FILED

DOCUMENT # N05000011120

1. Entity Name  
BUFFALO SOLDIERS MOTORCYCLE CLUB OF  
TALLAHASSEE, INC.



06 OCT -4 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8919 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312-4010

Mailing Address  
8919 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312-4010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09042006 Chg-NP CR2E037 (4/06)

FEI Number  
20-3713993

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, EDWARD  
8919 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312-4010

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 renewing)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

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	P	<input type="checkbox"/> Delete
NAME	DUKES, FREDRICK	
STREET ADDRESS	1305 CORDOVA CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONROE, MICHAEL	
STREET ADDRESS	1305 CORDOVA CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBSON, DEMETRI	
STREET ADDRESS	603 FULTON RD APT A-1	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	1260 WALDEN RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	M	<input type="checkbox"/> Delete
NAME	ANTHONY, EDWARD	
STREET ADDRESS	8916 WINGED FOOT DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Edward Anthony

9/1/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #