

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


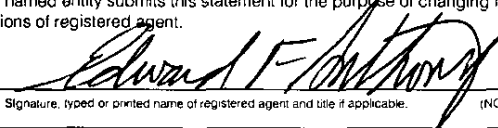

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000011120					
1. Entity Name BUFFALO SOLDIERS MOTORCYCLE CLUB OF TALLAHASSEE, INC.					
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 - No P.O. Box # 1305 CORDOVA CIRCLE			3. Mailing Address P.O. Box 13353		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number 20-3713993	
Zip 32317		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTHONY, EDWARD 8919 WINGED FOOT DRIVE TALLAHASSEE, FL 32312-4010			7. Name and Address of New Registered Agent 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.				DATE 4/13/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 DUKES, FREDRICK 1305 CORDOVA CIRCLE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONROE, MICHAEL 1305 CORDOVA CIRCLE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100097963261 04/23/07--01018--016 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, DEMETRI 603 FULTON RD APT A-1 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$84/13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOHN 1260 WALDEN RD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANTHONY, EDWARD 8916 WINGED FOOT DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4/13/07 850-251-9614 Daytime Phone #	