

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7

DOCUMENT # N05000011120

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



FILED

08 JUL 18 PM 1:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1305 CORDOVA CIRCLE
 TALLAHASSEE, FL 32317

Mailing Address
 P.O. BOX 13353
 TALLAHASSEE, FL 32317-3353

2. Principal Place of Business - No P.O. Box #
1302 WALDEN RD.

3. Mailing Address
 Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State
TALLAHASSEE, FL

City & State

Zip
32317

Country
USA

4. 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

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 *Edward Anthony* DATE 7/17/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MONROE, MICHAEL 1302 WALDEN RD TALLAHASSEE FL 32317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALLEN, ROD 832 ALLIEGOOD AVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RHOADES, DEWEY 1613 NORWOOD LANE TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500133267855 07/22/08--01011--005 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8919 WINGED FOOT DR
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: *Edward Anthony* DATE 7/17/08 DAYTIME PHONE # 850 201-2966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR