

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011120

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1302 WALDEN ROAD  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13353  
TALLAHASSEE, FL 323173353

**New Mailing Address:**

FEI Number: 20-3713993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ANTHONY, EDWARD  
8919 WINGED FOOT DRIVE  
TALLAHASSEE, FL 323124010 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOORE, MICHAEL  
Address: 1302 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: V  
Name: ALLEN, ROD  
Address: 832 ALLIEGOOD AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S  
Name: RIOU, DEWEY  
Address: 1613 NORWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T  
Name: JONES, MAMIE  
Address: 1260 WALDEN RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: M  
Name: ANTHONY, EDWARD F  
Address: 8919 WINGED FOOT DR  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: EDWARD F ANTHONY

M

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date