

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004776

FILED
Apr 28, 2009
Secretary of State

Entity Name: WARRIOR BROTHERHOOD VETERANS MOTORCYCLE CLUB INC.

Current Principal Place of Business:

10 PRESS WAY
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

10 PRESS WAY
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 22-3980198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: WHISNER, WALTER W JR.
Address: 1846 MACKENZIE CT. NORTH
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: LONG, JAMES
Address: 1846 MACKENZIE CT. NORTH
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD () Delete
Name: CARARNNA, SEAN C
Address: 1090 WILD HOLLY DR
City-St-Zip: PORT ORANGE, FL 32129 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PURITIS, JEFF
Address: 10 PRESS WAY
City-St-Zip: PALM COAST, FL 32164 US

Title: S/TD (X) Change () Addition
Name: GILL, LARRY E
Address: 170 JOSEPH DR.
City-St-Zip: OZARK, AL 36360 US

Title: D (X) Change () Addition
Name: LUNSFORD, STEVE
Address: 15 ENTRY CT
City-St-Zip: PALM COAST, FL 32164 US

Title: D () Change (X) Addition
Name: LUNN, JAMES
Address: 25 LUTHER LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: D () Change (X) Addition
Name: MOYER, GREG
Address: 15924 WEST 149TH TERRACE
City-St-Zip: OLATHE, KS 66062 US

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: LARRY E GILL

Electronic Signature of Signing Officer or Director

S/TD

04/28/2009

Date