

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004776

**Entity Name:** WARRIOR BROTHERHOOD VETERANS MOTORCYCLE CLUB  
INC.

**FILED**  
**Mar 04, 2013**  
**Secretary of State**  
**CC3140804347**

**Current Principal Place of Business:**

10 PRESS WAY  
PALM COAST, FL 32164

**Current Mailing Address:**

PO BOX 352651  
PALM COAST, FL 32135 US

**FEI Number: 22-3980198**

**Certificate of Status Desired: Yes**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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

**Officer/Director Detail :**

Title PD  
Name PURITIS, JEFF .  
Address 10 PRESS WAY  
City-State-Zip: PALM COAST FL 32164

Title OD  
Name REED, ROBERT  
Address 68 LANGDON DR  
City-State-Zip: PALM COAST FL 32137

Title V  
Name PHILLIPS, JOHN M  
Address 2547 CENTRAL CHURCH RD  
City-State-Zip: MIDLAND GA 31820

Title S  
Name PAYNE, JEFFREY  
Address 106 GROVELAND DR  
City-State-Zip: HOWELL MI 48843

*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: ROBERT REED**

**OFFICER/DIRECTOR**

**03/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date