

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713557

FILED
Apr 16, 2007
Secretary of State

Entity Name: FLORIDA MOTORCYCLE DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 59-2114226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 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: VD () Delete
Name: PETERSON, PHIL
Address: 19400 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: P () Delete
Name: HEMPSTEAD, BEVERLY
Address: 10411 GANDY BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: FISHER, SCOTT
Address: 2160 COLONIAL BLVD
City-St-Zip: FT. MYERS, FL 33907

Title: T () Delete
Name: CARLSON, JON
Address: 3770 37TH STREET
City-St-Zip: ORLANDO, FL 328051802

Title: D () Delete
Name: CHAMBLESS, BILL
Address: 726 N. BEAL PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: RIDGEWAY, DANIEL
Address: 8920 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 336041042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHIL PETERSON

VD

04/16/2007

Electronic Signature of Signing Officer or Director

Date