# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731136 (8)

1. Corporation Name

AMERICAN MOTORCYCLE ASSOCIATION DISTRICT EIGHT CLUB COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14929 NORCROSS LANE<br>ODESSA FL 33556<br>US | 14929 NORCROSS LANE<br>ODESSA FL 33556<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1974
3a. Date of Last Report: 02/08/1994
4. FEI Number: 33-2242940 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4002 Smith Ryals Rd | 26 4002 Smith Ryals Rd |
| Suite, Apt. #, etc.<br>22 #74 | Suite, Apt. #, etc.<br>27 #74 |
| City & State<br>23 Plant City, Florida | City & State<br>28 Plant City, Florida |
| Zip / Country<br>24 33567 / 25 U.S.A. | Zip / Country<br>29 33567 / 30 U.S.A. |

9. Name and Address of Current Registered Agent

CASPER, DAVID C.
309 KENMORE ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Robin L. Peer
82 Street Address (P.O. Box Number is Not Acceptable): 4002 Smith Ryals Rd #74
83
84 City: Plant City FL 85 Zip Code: 33567

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robin L. Peer — 17-Feb-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | HILE, MARY ANN | 12 NAME | Robin L. Peer | |
| STREET ADDRESS | 14929 NORCROSS LANE | 13 STREET ADDRESS | 4002 Smith Ryals Rd #74 | |
| CITY-ST-ZIP | ODESSA FL | 14 CITY-ST-ZIP | Plant City, FL 33567 | |
| TITLE | D | 21 TITLE | VP | ☐ Change ☒ Addition |
| NAME | CASPER, DAVID | 22 NAME | Charles Hile | |
| STREET ADDRESS | 309 KENMORE ROAD | 23 STREET ADDRESS | 1125 Bluefield Rd | |
| CITY-ST-ZIP | BRANDON FL | 24 CITY-ST-ZIP | Odessa, FL 33556 | |
| TITLE | T | 31 TITLE | T | ☒ Change ☐ Addition |
| NAME | PAPE, LYNN | 32 NAME | Janice Williamson | |
| STREET ADDRESS | 1003 ARMADA CT | 33 STREET ADDRESS | 7102 121st Terr. N | |
| CITY-ST-ZIP | OCOEE FL | 34 CITY-ST-ZIP | Largo, FL 34643-3201 | |
| TITLE | S | 41 TITLE | S | ☒ Change ☐ Addition |
| NAME | OLDS, LINDA | 42 NAME | Lynn Pape | |
| STREET ADDRESS | 1210 CASTLEBERRY CIRCLE | 43 STREET ADDRESS | 1003 Armada Ct | |
| CITY-ST-ZIP | APOPKA FL | 44 CITY-ST-ZIP | Ocoee, FL 34761 | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | SEILER, JAY | 52 NAME | | |
| STREET ADDRESS | OLD MAIN ST | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 62 NAME | Mary Ann Hile | |
| STREET ADDRESS | | 63 STREET ADDRESS | 14929 Norcross Lane | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | Odessa, FL 33556 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin L. Peer - President — 17-Feb-95 (813) 737-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062807