2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# 746514

Entity Name: TRI-COUNTY MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

4250 N E 3RD AVENUE
POMPANO BCH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4250 N E 3RD AVENUE
POMPANO BCH, FL 33064

New Mailing Address:

FEI Number: 65-0156521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LOUISE M.
4250 N.E. 3RD AVE.
POMPANO BEACH, FL 33064 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: ADAMS, MARY L.,
Address: 2762 N.W. 4TH CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: MURRAY, UTHER,
Address: 921 NW HAMMONDVILLE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete
Name: JOHNSON, WILLOWPHINE
Address: 2111 NW 14TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: PD ( ) Delete
Name: JOHNSON, LOUISE,
Address: 4250 N.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33064

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
Name:
Address:
City-St-Zip:

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: WILLOWPHINE JOHNSON SD 04/26/2008

Electronic Signature of Signing Officer or Director — Date