

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **754146** (9)

1. Corporation Name

THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED



Principal Place of Business

Mailing Address

PO BOX 2925
PENSACOLA FL 32513

PO BOX 2925
PENSACOLA FL 32513

3. Date Incorporated or Qualified
09/12/1980

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FE Number

59-2060273

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, FRED
1117 HUNTSMAN CR.
PENSACOLA FL 32514

81 Name

Alyce Faye

82 Street Address (P.O. Box Number is Not Acceptable)

6224 Kirsten Dr

83

Pensacola

84 City

FL

85 Zip Code

32504

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-12-94

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **JONES, FRED**
STREET ADDRESS **1117 HUNTSMAN CR.**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Alyce Faye**
1.3 STREET ADDRESS **6224 Kirsten Dr**
1.4 CITY-ST-ZIP **Pensacola FL 32504**

TITLE **VSD** ☒ DELETE
NAME **BLAKE, DON**
STREET ADDRESS **9863 CHARLOIS RD.**
CITY-ST-ZIP **MILTON FL**

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME **Linda Kersh**
2.3 STREET ADDRESS **5600 Frank Reeder Dr**
2.4 CITY-ST-ZIP **Pensacola FL 32526**

TITLE **TD** ☒ DELETE
NAME **HAWKINS, NANCY**
STREET ADDRESS **1524 VALENCIA DR.**
CITY-ST-ZIP **LILLIAN AL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Don Naurisky**
3.3 STREET ADDRESS **7591 Hwy 98**
3.4 CITY-ST-ZIP **Pensacola FL 32506**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-94

(904) 484-8457

Date

Daytime Phone #

CR2E037 (12/95)