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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

09/12/1980

4. FEI 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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALYCE FAYE
6224 KIRSTEN DR.
PENSACOLA FL 32504**

81 Name
Patrick W. Wells

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

83

84 City
Pensacola

FL 85 Zip Code
32507

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 **Patrick W. Wells**

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

(NOTE: Registered Agent signature required when reinstating)

April 7, 1998

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President (PD)
NAME	ALYCE FAYE	1.2 NAME	Patrick W. Wells
STREET ADDRESS	6224 KIRSTEN DR	1.3 STREET ADDRESS	518 Edgewater Drive
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, Florida 32507
TITLE	VSD	2.1 TITLE	Vice President/Secretary
NAME	SCANDROL, MARY	2.2 NAME	Lynn L. Malone (VSD)
STREET ADDRESS	7833 NORTH POINTE BLVD.	2.3 STREET ADDRESS	2603 West Jordan Street
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, Florida 32505
TITLE	TD	3.1 TITLE	TD
NAME	RUEDA, RICHARD P	3.2 NAME	Richard P. Rueda
STREET ADDRESS	5009 POINTE PKWY	3.3 STREET ADDRESS	5009 Ponitz Parkway
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	Pace, Florida 32571
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 **Patrick W. Wells**

Patrick W. Wells/President 04/07/98

(850)453-1374

CR2E037 (10/97)