


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90077 010 ****61.25

0078181

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **754146**

1. Corporation Name

THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED

Principal Place of Business

PO BOX 2925
PENSACOLA FL 32513

Mailing Address

PO BOX 2925
PENSACOLA FL 32513



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/12/1980
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2060273
24 Country	29 Country	Applied For
25	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRICK W WELLS
518 EDGEWATER DR
PENSACOLA FL 32507

81 Name **Steven L. Watkins**
82 Street Address (P.O. Box Number is Not Acceptable)
6610 Flagler Dr.
83
84 City **PENSACOLA** FL 85 Zip Code **32503**

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.

(NOTES: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK W WELLS	
STREET ADDRESS	518 EDGEWATER DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LYNN L MALONE	
STREET ADDRESS	2603 W JORDAN ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUEDA, RICHARD P	
STREET ADDRESS	5009 POINTZ PKWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Steven L. Watkins	
STREET ADDRESS	6610 Flagler Dr	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Jolyn M. Simpson	
STREET ADDRESS	6610 Flagler Dr	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Linda B. Kersh	
STREET ADDRESS	5600 FRANK REEDER Road	
CITY-ST-ZIP	Pensacola, Florida 32526	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 850 969-9510

Date

Daytime Phone #

0078181 (11/98)