# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# 754146

**Entity Name:** THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED

**Current Principal Place of Business:**

PO BOX 2925
PENSACOLA, FL 32513

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2925
PENSACOLA, FL 32513

**New Mailing Address:**

**FEI Number: 59-2060273** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLUMPP, PHILLIP A
16 EASTON STREET
CANTONMENT, FL 32533

**Name and Address of New Registered Agent:**

MALONE, LYNN L
941 HOLSBERRY PLACE
PENSACOLA, FL 32534

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: LYNN L. MALONE 04/27/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BENSON, SHERRY R
Address: 5600 FRANK REEDER RD
City-St-Zip: PENSACOLA, FL 32526

Title: VDS ( ) Delete
Name: KLUMPP, PHILLIP A
Address: 16 EASTON STREET
City-St-Zip: CANTONMENT, FL 32533

Title: T ( ) Delete
Name: RUEDA, RICHARD
Address: 5009 POINTZ PARKWAY
City-St-Zip: MILTON, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: KERSH, LINDA B
Address: 5600 FRANK REEDER RD
City-St-Zip: PENSACOLA, FL 32526

Title: VDS (X) Change ( ) Addition
Name: MALONE, LYNN L
Address: 941 HOLSBERRY PLACE
City-St-Zip: PENSACOLA, FL 32534

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNN L. MALONE VDS 04/27/2004
Electronic Signature of Signing Officer or Director Date