

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 # 758337 (0)

1. Corporation Name

FLORIDA HARLEY-DAVIDSON DRESSER CLUB, INCORPORATED

Principal Place of Business

2246 S.E. 3RD AVE.
OCALA FL 32671

Mailing Address

2246 S.E. 3RD AVE.
OCALA FL 32671

NOTE ZIP CODE CORRECTION

3. Date Incorporated or Qualified
05/13/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 34471

25

29 34471

30

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

**JOHNSON, JARVIS H.
2246 S.E. 3RD AVE.
OCALA FL 34471**

81 Name

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

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | WORKMAN, LINDA | |
| STREET ADDRESS | 3005 GENTLE BREEZE CT. | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MINTON, NEAL | |
| STREET ADDRESS | 51 LAUREL OAKS CR. | |
| CITY-ST-ZIP | ORMOND BEACH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HUTSON, HUGH | |
| STREET ADDRESS | 660 ACACIA | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | DAMPIER, LAVONNE C | |
| STREET ADDRESS | 304 BROADVIEW DR. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | FRENCHIE, LAINE | |
| STREET ADDRESS | 5449 PALANGOS DR. | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BARBER, HOWARD | |
| STREET ADDRESS | P.O. BOX 78083 N/A | |
| CITY-ST-ZIP | ROSELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hutson, Rachel | |
| 1.3 STREET ADDRESS | 660 Acacia | |
| 1.4 CITY-ST-ZIP | Melbourne, Fl. 32904 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Barber, Howard | |
| 2.3 STREET ADDRESS | P.O. Box 78083 | |
| 2.4 CITY-ST-ZIP | Roseland, Fl. 32976 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Maze, Ed | |
| 3.3 STREET ADDRESS | 3625 3rd Ave. | |
| 3.4 CITY-ST-ZIP | Valkaria, Fl. 32950 | |
| 4.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Johnson, Helen | |
| 4.3 STREET ADDRESS | 2246 S.E. 3rd Ave. | |
| 4.4 CITY-ST-ZIP | Ocala, Fl. 34471 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Dampier, Frank | |
| 5.3 STREET ADDRESS | 304 Broadview Dr. | |
| 5.4 CITY-ST-ZIP | Fort Myers, Fl. | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Laine, Frenchie | |
| 6.3 STREET ADDRESS | 5449 Palangos Dr. | |
| 6.4 CITY-ST-ZIP | Punta Gorda, Fl. | |

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]
ED MAZE PRESIDENT

PRESIDENT

2/17/1996

Date

407-724-5182

Daytime Phone #

CR2E037 (12/95)