

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000529

FILED
May 01, 2009
Secretary of State

Entity Name: COCOA MOTORCYCLE RIDERS CLUB INC.

Current Principal Place of Business:

1230 LAKE DR.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1230 LAKE DR.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3642108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, KATHERINE
1230 LAKE DRIVE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

MOORE, KATHRINE
1230 LAKE DRIVE
COCOA, FL 32922 US

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: KATHRINE MOORE

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, MILTON E
Address: 1230 LAKE DRIVE
City-St-Zip: COCOA, FL 32922

Title: VP () Delete
Name: DONOVAN, BOGLE
Address: 1230 LAKE DR
City-St-Zip: COCOA, FL 32922

Title: SBM () Delete
Name: MOORE, KATHRINE
Address: 1230 LAKE DRIVE
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: COREY, LENNEAR
Address: 1230 LAKE DR.
City-St-Zip: COCOA, FL 32922

Title: SAA () Delete
Name: SAMPSON, GEORGE
Address: 1230 LAKE DR
City-St-Zip: COCOA, FL 32922

Title: C () Delete
Name: MOON, NIKKI V
Address: 1230 LAKE DRIVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MILTON MOORE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date