

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 A
Secretary of State

DOCUMENT # N01000000681

1. Entity Name

SOUTHERN RIDERS MOTORCYCLE CLUB, INC.



Principal Place of Business

1839 RUSHWOOD CT.
ORLANDO, FL 32818

Mailing Address

1839 RUSHWOOD CT.
ORLANDO, FL 32818



05152006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLENDON, ART
1839 RUSHWOOD CT.
ORLANDO, FL 32818

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Art McClendon **ART MCCLENDON**

8/15/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCOTT, JOHNNEL SR.
STREET ADDRESS 2305 GREENBUSH COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE V
NAME ALLEN, GARY
STREET ADDRESS 2305 GREENBUSH COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME PERRY, KEVIN
STREET ADDRESS 4074 E VILLAGE DRIVE
CITY-ST-ZIP MASON, OH 45040

TITLE ST
NAME MCCLENDON, ART
STREET ADDRESS 1839 RUSHWOOD COURT
CITY-ST-ZIP ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Art McClendon **ART MCCLENDON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/06

Date

407-256-7677

Daytime Phone #