


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90002 005 \*\*\*\*61.25

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
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**DO NOT WRITE IN THIS SPACE**

40131636



08202007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCCLENDON, ART 1839 RUSHWOOD CT. ORLANDO, FL 32818
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**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: <u>Art J. McClelland</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3 SEP 2007</u>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, JOHNNEL SR. 2305 GREENBUSH COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, GARY 2305 GREENBUSH COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, KEVIN 4074 E VILLAGE DRIVE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCLENDON, ART 1839 RUSHWOOD COURT 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.
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SIGNATURE: <u>Art J. McClelland</u> ART J. MCCLENDON	3 SEP 2007	407-256-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #