2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N01000000748

Entity Name: TRU-RYDERS MOTORCYCLE CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

2232 ASPEN RIDGE CT.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

6196 RAINTREE ROAD
JACKSONVILLE, FL 32277

Current Mailing Address:

P.O. BOX 11542
JACKSONVILLE, FL 322391542

New Mailing Address:

6196 RAINTREE ROAD
JACKSONVILLE, FL 32277

FEI Number: 54-2144292 **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:

BLUE, KEITH I
6196 RAINTREE RD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLUE, KEITH I
Address: 6196 RAINTREE RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete
Name: TUCKER, LARRY
Address: 6655 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD (X) Delete
Name: WOODWARD, TRAVIS D
Address: 6649 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: KEITH I. BLUE PD 05/06/2009

Electronic Signature of Signing Officer or Director — Date