

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005567

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: ENFORCERS MOTORCYCLE CLUB INC.

**Current Principal Place of Business:**

1525 AVENUE E  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530872  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 56-2285600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SESSA, RICHARD A  
4201 HONEYSUCKLE AVE  
PALM BEACH GARDENS, FL 33410 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: P ( ) Delete  
Name: SESSA, RICHARD A  
Address: 4201 HONEYSUCKLE AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: CREWS, STEVE  
Address: 1908 ROOSEVELT AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD ( ) Delete  
Name: GARLINGE, JAMES  
Address: 925 AUGUSTA POINTE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete  
Name: MONTGOMERY, JOHN H III  
Address: 920 PROSPERITY FARMS ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD SESSA

P

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date