

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006393

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: FOUNDATION FOR MOTORCYCLE AWARENESS, INC.

## Current Principal Place of Business:

ATTN: REBECCA MARIOTTI  
1301 RIVERPLACE BLVD SUITE 1500  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

ATTN: CHARLIE WALLACE  
555 BEVILLE RD  
SO. DAYTONA, FL 32119

## Current Mailing Address:

ATTN: REBECCA MARIOTTI  
1301 RIVERPLACE BLVD SUITE 1500  
JACKSONVILLE, FL 32207

## New Mailing Address:

ATTN: CHARLIE WALLACE  
555 BEVILLE RD  
SO. DAYTONA, FL 32119

FEI Number: 59-3746658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARIOTTI, REBECCA  
1301 RIVERPLACE BLVD SUITE 1500  
JACKSONVILLE, FL 32207 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: D ( ) Delete  
Name: MARIOTTI, REBECCA J  
Address: 1301 RIVERPLACE BLVD SUITE 1500  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: SCHWARZ, WARREN A  
Address: 13 SAND DOLLAR DRIVE  
City-St-Zip: ORMAOND BEACH, FL 32176

Title: D ( ) Delete  
Name: WALLACE, CHARLIE  
Address: 151 SWEETGUM LANE  
City-St-Zip: PORT ORANGE, FL 32129

## 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 for the exemption stated in Section 119.07(3)(i), 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: CHARLIE WALLACE

D

01/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date