

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007858

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: NAM KNIGHTS OF TAMPA BAY GULF COAST MC, INC.

## Current Principal Place of Business:

2711 DRUID PLACE  
HOLIDAY, FL 34691

## New Principal Place of Business:

435 FLAT RIVER ST. S. W.  
PALM BAY, FL 32908

## Current Mailing Address:

2711 DRUID PLACE  
HOLIDAY, FL 34691

## New Mailing Address:

435 FLAT RIVER ST. S. W.  
PALM BAY, FL 32908

FEI Number: 59-3755045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CAMPBELL, PETER  
435 FLAT RIVER ST.  
S.W. PALM BAY, FL 32908 US

## Name and Address of New Registered Agent:

CAMPBELL, PETER  
435 FLAT RIVER ST. S.W.  
PALM BAY, FL 32908 US

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: PETE CAMPBELL

01/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: CAMPBELL, PETER  
Address: 435 FLAT RIVER ST.  
City-St-Zip: S.W. PALM BAY, FL 32908

Title: SEC ( ) Delete  
Name: FARLEY, STEVE  
Address: 152 ROBERTS ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: VICE ( ) Delete  
Name: WISE, DANIEL J VICE PR  
Address: 1380 EWING STREET  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CAMPBELL, PETER  
Address: 435 FLAT RIVER ST. S.W.  
City-St-Zip: PALM BAY, FL 32908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VICE (X) Change ( ) Addition  
Name: PERRY, TOM  
Address: 6419 HARBOR DR.  
City-St-Zip: HUDSON, FL 34667

Title: TREA ( ) Change (X) Addition  
Name: FAUROUTE, DANIEL  
Address: 12510 PAYSON ST.  
City-St-Zip: NEW PORT RICHIE, FL 34654

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: PETE CAMPBELL

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date