2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000007858

TI FILED

Mar 04, 2008

Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

435 FLAT RIVER ST. S. W. 17970 VILLA CREEK DR. PALM BAY, FL 32908 TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

435 FLAT RIVER ST. S. W. 17970 VILLA CREEK DR. PALM BAY, FL 32908 TAMPA, FL 33647

FEI Number: 59-3755045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CAMPBELL, PETER VARACCHI, BART
435 FLAT RIVER ST. S.W. 17970 VILLA CREEK
PALM BAY, FL 32908 US TAMPA, FL 33647 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: DENISE BANTON, ACCT. FOR BART VARACCHI 03/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: CAMPBELL, PETER Name: VARACCHI, BART

 Address:
 435 FLAT RIVER ST. S.W.
 Address:
 17970 VILLA CREEK DR.

 City-St-Zip:
 PALM BAY, FL 32908
 City-St-Zip:
 TAMPA, FL 33647

Title: SEC () Delete Title: VICE (X) Change () Addition Name: FARLEY, STEVE Name: PERRY, TOM

Address: 152 ROBERTS ROAD Address: 6419 HARBOR DR
City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: HUDSON, FL 34667

Title: VICE () Delete Title: SEC (X) Change () Addition Name: PERRY, TOM Name: KOEBLER, ROBERT

 Name:
 PERRY, TOM
 Name:
 KOEBLER, ROBERT

 Address:
 6419 HARBOR DR.
 Address:
 8864 AVILA CT.

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 HUDSON, FL 34667

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 FAUROTE, DANIEL
 Name:
 MARTIN, TIM

 Address:
 12510 PAYSON ST.
 Address:
 15708 ALLMAND DR.

 City-St-Zip:
 NEW PORT RICHIE, FL 34654
 City-St-Zip:
 HUDSON, FL 34667

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: DENISE BANTON, ACCOUNTANT, E.A. ACCT 03/04/2008