



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90025 008 ****70.00

DOCUMENT # N02000001411 1. Entity Name SOUTHEAST MOTORCYCLE/VAN/TRUCK/SOCIAL CLUB ASSOCIATION, INC.					
Principal Place of Business 17110 SOUTHWEST 109TH AVE. MIAMI, FL 33157			Mailing Address 17110 SOUTHWEST 109TH AVE. MIAMI, FL 33157		
2. Principal Place of Business 17201 N.W. 37th CT Suite, Apt. #, etc.		3. Mailing Address 17201 N.W. 37th CT. Suite, Apt. #, etc.			
City & State MIAMI GARDENS, FL. Zip 33055 Country Dade		City & State MIAMI GARDENS, FL. Zip 33055 Country Dade		4. FEI Number 33-1053622	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACKEY, MANDY 17110 SOUTHWEST 109TH AVE. MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Emmett E. Richburg, Sr. Street Address (P.O. Box Number is Not Acceptable) 17201 N.W. 37th CT. City MIAMI GARDENS FL Zip Code 33055		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Emmett E. Richburg, Sr. T. Emmett E. Richburg, Sr. 4-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, RODNEY 1299 COURTLAND BLVD. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D John Lee Parker 2850 N. OAKLAND FOREST DR. #110 FT. LAUDERDALE, FL. 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, JOHN 2850N. OAKLAND FOREST DR. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Vernard Sailey 1613 Smart Street SAVANNAH, GA. 31416	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACKEY, MANDY 17110 SOUTHWEST 109TH AVE. MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TANGELA JOHNSON 810 55th Ave. South ST. PETERSBURG, FL. 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHBURG, EMMETT 17201 NW 37TH CT. MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Emmett E. Richburg, Sr. 4-5-04 305-625-4327 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					