

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90054 010 ****61.25

DOCUMENT # N02000002388

1. Entity Name

FOXY RIDERS MOTORCYCLE CLUB OF AMERICA, INC.



Principal Place of Business

P.O. BOX 350322
PALM COAST FL 32135-0322

Mailing Address

P.O. BOX 350322
PALM COAST FL 32135-0322

2. Principal Place of Business

P.O. BOX 350322

3. Mailing Address

P.O. BOX 350322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32135

Country

USA

Zip

32135

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, SHELLEY
9 FLAT ROCK LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SHELLEY MCGUIRE Shelley McGuire 2/21/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME CLARK, TRACY
STREET ADDRESS 2229 LIVE OAK DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ST ☐ Delete
NAME MCGUIRE, ROBERT
STREET ADDRESS 9 FLATROCK LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE T ☐ Delete
NAME DUFFY, DEBRA
STREET ADDRESS 19 FAN BURY LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE PD ☐ Delete
NAME MCGUIRE, SHELLEY
STREET ADDRESS 9 FLATROCK LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SHELLEY MCGUIRE Shelley McGuire 2/21/04 356-503-1507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #