

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002388

1. Entity Name
FOXY RIDERS MOTORCYCLE CLUB OF AMERICA, INC.



Principal Place of Business

P.O. BOX 350322
PALM COAST, FL 32135

Mailing Address

P.O. BOX 350322
PALM COAST, FL 32135



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGUIRE, SHELLEY
9 FLAT ROCK LANE
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CLARK, TRACY
STREET ADDRESS	2229 LIVE OAK DR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	ST
NAME	MCGUIRE, ROBERT
STREET ADDRESS	9 FLATROCK LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T
NAME	DUFFY, DEBRA
STREET ADDRESS	19 FAN BURY LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	PD
NAME	MCGUIRE, SHELLEY
STREET ADDRESS	9 FLATROCK LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/15/05-80002-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/05
Date

386-
445-1486
Daytime Phone #