2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2008 8:00 am
Secretary of State
03-27-2008 90034 039 ****61.25

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

Principal Place of Business	Mailing Address
P.O. BOX 350322 PALM COAST, FL 32135	P.O. BOX 350322 PALM COAST, FL 32135

66007384

02152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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

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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 3/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #