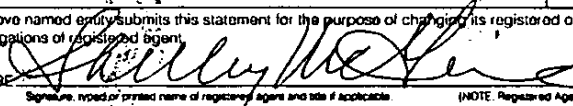
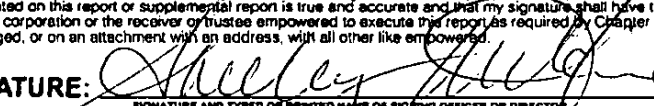


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

3, **FILED**
Apr 21, 2008 8:00 am
Secretary of State

03-27-2008 90034 039 ****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	Mailing Address P.O. BOX 350322 PALM COAST, FL 32135	
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:  DATE: 3/14/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		
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 NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, TRACY 2229 LIVE OAK DR NEW SMYRNA BEACH, FL 32168	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGUIRE, ROBERT 9 FLATROCK LANE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFFY, DEBRA 18 FAN BURY LANE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUIRE, SHELLEY 9 FLATROCK LANE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 4/16/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

66007384



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required