2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N02000002388

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

Current Principal Place of Business:

P.O. BOX 350322
PALM COAST, FL 32135

New Principal Place of Business:

9 FLAT ROCK LA.
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 350322
PALM COAST, FL 32135

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: CLARK, TRACY
Address: 2229 LIVE OAK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST ( ) Delete
Name: MCGUIRE, ROBERT
Address: 9 FLATROCK LANE
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: DUFFY, DEBRA
Address: 19 FAN BURY LANE
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete
Name: MCGUIRE, SHELLEY
Address: 9 FLATROCK LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MCGUIRE ST 01/30/2009
Electronic Signature of Signing Officer or Director — Date