

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001361

FILED
Apr 21, 2006
Secretary of State

Entity Name: BUFFALO SOLDIERS MOTORCYCLE CLUB BREVARD FLORIDA INC

Current Principal Place of Business:

1656 TUERS RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1656 TUERS RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3712277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, ERIC L
1616 ARNOLD DR
MELBOURNE, FL 32935 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: P () Delete
Name: HARRIS, ERIC
Address: 1616 ARNOLD DR
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: CAMPBELL, HAROLD
Address: 2831 SAINT ROBERT DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: WILLIAMS, LINDA
Address: 1656 TUERS RD
City-St-Zip: MELBOURNE, FL

Title: T () Delete
Name: WASHINGTON, PRENTICE
Address: 1134 WOODSMERE PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: DUNNINGS, KENNETH
Address: 972 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: T (X) Change () Addition
Name: DUNNINGS, PATI
Address: 972 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: PATI DUNNINGS

T

04/21/2006

Electronic Signature of Signing Officer or Director

Date