

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001361

FILED
Mar 20, 2009
Secretary of State

Entity Name: BUFFALO SOLDIERS MOTORCYCLE CLUB CENTRAL 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:

P. O. BOX 560456
ROCKLEDGE, FL 32956

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: DUNNINGS, KENNETH
Address: 972 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: WILLIAMS, LINDA
Address: 1656 TUERS ROAD
City-St-Zip: MELBOURNE, FL 32935

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WILLIAMS, TONY
Address: 6461 FAIRCHILD AVENUE
City-St-Zip: PORT ST. JOHN, FL 32927

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: ERIC HARRIS

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date