

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 040 ****69.90

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1. Entity Name
BLACK DIAMONDS MOTORCYCLE CLUB INC.



Principal Place of Business
**2006 E SEWARD AVE
TAMPA, FL 33604**

Mailing Address
**2006 E SEWARD AVE
TAMPA, FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302004

Chg-NP

CR2E037 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAINOUS, KYLE E
2006 E SEWARD AVE
TAMPA, FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GAINOUS, KYLE E**
STREET ADDRESS **2006 E SEWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GAINOUS, MELISSA**
STREET ADDRESS **2006 E SEWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **BRIGHT, CHERYL**
STREET ADDRESS **2004 E SEWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **VP** ☒ Change ☐ Addition
NAME **EILEEN BROWN**
STREET ADDRESS **2002 CASTILLE PLACE APT 358**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **M** ☒ Delete
NAME **BROWN, AILEEN**
STREET ADDRESS **2002 CASTILLE PLACE, APT 358**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **M** ☒ Change ☐ Addition
NAME **CANDRA GRANDVILLE-MACK**
STREET ADDRESS **3417 PITTWOOD RD**
CITY-ST-ZIP **TAMPA FL 33604 VALRICO, FL 33614**

TITLE **S** ☐ Delete
NAME **BRANTLEY, CANDI**
STREET ADDRESS **3107 N 15TH ST**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kyle Gainous
Kyle Gainous

8/30/04 (813) 935-2278