2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005243

FILED Jan 06, 2006 Secretary of State

Entity Name: ENFORCERS MOTORCYCLE CLUB-LEE COUNTY CHAPTER INC.

Current Principal Place of Business: New Principal Place of Business:

4201 HONEYSUCKLE AVENUE PO BOX 61965

PALM BEACH GARDENS, FL 33410 FORT MYERS, FL 339061965

Current Mailing Address: New Mailing Address:

1672 S. FOUNTAINHEAD RD PO BOX 61965

FT. MYERS, FL 33919 FT. MYERS, FL 339061965

FEI Number: 20-1455840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEEDHAM, CARL 1672 S. FOUNTAINHEAD RD FT. MYERS, FL 33919 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: SESSA, RICHARD Name: NEEDHAM, CARL

Address: 4201 HONEYSUCKLE AVENUE Address: 1672 S. FOUNTAINHEAD RD City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete Title: VP (X) Change () Addition

 Name:
 NEEDHAM, CARL
 Name:
 BLANCO, JAMES

 Address:
 1672 S. FOUNTAINHEAD RD
 Address:
 1608 EUCLID AVE

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: LEHIGH ACERS, FL 33972

Title: VP (X) Delete Title: () Change () Addition

 Name:
 BLANCO, JAMES
 Name:

 Address:
 1608 EUCLID AVE
 Address:

 City-St-Zip:
 LEHIGH ACERS, FL 33972
 City-St-Zip:

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: CARL NEEDHAM PD 01/06/2006