

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009389

FILED
Jul 25, 2006
Secretary of State

Entity Name: J-VILLE RIDERS MOTORCYCLE CLUB INCORPORATED

Current Principal Place of Business:

106 EDWARD DRIVE
PALM COAST, FL 32164

New Principal Place of Business:

712 W DUVAL ST.
JACKSONVILLE, FL 32202

Current Mailing Address:

106 EDWARD DRIVE
PALM COAST, FL 32164

New Mailing Address:

PO BOX 550504
JACKSONVILLE, FL 32216

FEI Number: 54-2161066 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUNG, WAYNE
J-VILLE RIDERS MOTORCYCLE CLUB INC.
106 EDWARD DRIVE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

FUNG, WAYNE
J-VILLE RIDERS MOTORCYCLE CLUB INC.
10010 BELLE RIVE BLVD APT # 910
JACKSONVILLE, FL 32256 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: WAYNE FUNG

07/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: FUNG, WAYNE
Address: 10010 BELLE RIVE BLVD APT 910
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR () Delete
Name: HANNON, AUNDRE
Address: 1076 BIRCHWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32065

Title: MR () Delete
Name: PARMLEY, THOMAS E
Address: 837 WEST 31ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: MR () Delete
Name: HARRIS, JEREALD SR
Address: 106 EDWARD DRIVE
City-St-Zip: PALM COAST, FL 32164

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 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: WAYNE FUNG

MR

07/25/2006

Electronic Signature of Signing Officer or Director

Date