

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010018

FILED  
Feb 27, 2005  
Secretary of State

**Entity Name:** BLACK COFFEE RIDERS MOTORCYCLE CLUB, INCORPORATED

**Current Principal Place of Business:**

PO BOX 43454  
JACKSONVILLE, FL 32203 34

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 43454  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

JACKSON, MIRANDA  
2927 OAKCOVE LANE  
JACKSONVILLE, FL 32277 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: PRES ( ) Delete  
Name: JACKSON, MIRANDA  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VP ( ) Delete  
Name: WEBB, PATRICIA D  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VP ( ) Delete  
Name: DENSON, SABRINA  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VP ( ) Delete  
Name: FORD, ARMELITHA  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: WEBB, PATRICIA D  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

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

Title: SGT (X) Change ( ) Addition  
Name: WASHINGTON, BRIAN  
Address: PO BOX 43454  
City-St-Zip: JACKSONVILLE, FL 32203 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA D. WEBB

SEC

02/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date