

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010018

FILED
May 02, 2006
Secretary of State

Entity Name: BLACK COFFEE RIDERS MOTORCYCLE CLUB, INCORPORATED

Current Principal Place of Business:

PO BOX 43454
JACKSONVILLE, FL 32203

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 ()**
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:

JACKSON, MIRANDA
2927 OAKCOVE LANE
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

WEBB, PATRICIA D
2414 WATTLE TREE ROAD WEST
JACKSONVILLE, FL 32246 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: PATRICIA D. WEBB

05/02/2006

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: SEC () 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: SGT () Delete
Name: WASHINGTON, BRIAN
Address: PO BOX 43454
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MEMB (X) Change () Addition
Name: DENSON, SABRINA
Address: PO BOX 43454
City-St-Zip: JACKSONVILLE, FL 32203 US

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

Title: MNGR () Change (X) Addition
Name: RICHARD, GILES
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 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: PATRICIA D. WEBB

VP

05/02/2006

Electronic Signature of Signing Officer or Director

Date