

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010018

FILED
May 24, 2007
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:

2414 WATTLE TREE ROAD WEST
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 43454
JACKSONVILLE, FL 32203 US

New Mailing Address:

PO BOX 19585
JACKSONVILLE, FL 32245 US

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:

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:

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: MEMB () 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: MNGR () Delete
Name: RICHARD, GILES
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: PRES (X) Change () Addition
Name: WEBB, PATRICIA D
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: VP (X) Change () Addition
Name: GILES, RICHARD
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: SEC (X) Change () Addition
Name: DENSON, SABRINA
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: TRES (X) Change () Addition
Name: JACKSON, MIRANDA
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: CHAP (X) Change () Addition
Name: DAVIS, KEITH
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: SGT () Change (X) Addition
Name: WASHINGTON, BRIAN
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

I hereby certify that the information supplied with this filing does not qualify 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: PDWEBB

PRES

05/24/2007

Electronic Signature of Signing Officer or Director

Date