

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010018

FILED
Oct 16, 2009
Secretary of State

Entity Name: BLACK COFFEE RIDERS MOTORCYCLE CLUB, INCORPORATED

Current Principal Place of Business:

2414 WATTLE TREE ROAD WEST
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

PO BOX 19585
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 26-3003237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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: PATRICIA D WEBB

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WEBB, PATRICIA D
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

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

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

Title: TRES () Delete
Name: TUTSON, PAMELA
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: CHAP () Delete
Name: STEVENSON, KENNETH
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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

10/16/2009

Electronic Signature of Signing Officer or Director

Date