

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2010
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 ()

Name and Address of Current Registered Agent:

WEBB, PATRICIA D
2414 WATTLE TREE ROAD WEST
JACKSONVILLE, FL 32246 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
Name: GILES, RICHARD N
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

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

Title: SEC
Name: TUTSON, PAMELA
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

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

Title: CHAP
Name: STEVENSON, W. KENNY
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: SGT
Name: WASHINGTON, R. BRIAN
Address: PO BOX 19585
City-St-Zip: JACKSONVILLE, FL 32245 US

I hereby 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 all other like empowered.

SIGNATURE: PDWEBB

VP

03/02/2010

Electronic Signature of Signing Officer or Director

Date