

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2011
Secretary of State

DOCUMENT# N04000011061

Entity Name: ROLLING THUNDER FLORIDA CHAPTER VI, INC.**Current Principal Place of Business:**5854 ANSLEY WAY
MT. DORA, FL 32757**New Principal Place of Business:**240 LEWIS DR
DAVENPORT, FL 33837**Current Mailing Address:**5854 ANSLEY WAY
MT. DORA, FL 32757**New Mailing Address:**P.O. BOX 772108
OCALA, FL 34477**FEI Number:** 20-1756251**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHRISTO, PATRICIA
5854 ANSLEY WAY
MT. DORA, FL 32757 US**Name and Address of New Registered Agent:**WOLFF, LESLIE
240 LEWIS DR.
DAVENPORT, FL 33837 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: LESLIE WOLFF

07/13/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: MC LAUGHLIN, KATHRYN
Address: PO BOX 15002
City-St-Zip: GAINESVILLE, FL 3260

Title: VP
Name: BARTON, RICHARD
Address: 1317 E 2ND AVENUE
City-St-Zip: MT. DORA, FL 32757

Title: T
Name: WOLFF, LESLIE
Address: 240 LEWIS DR.
City-St-Zip: DAVENPORT, FL 3383

Title: S
Name: BOWERS, BARBARA
Address: 10540 SE 145 STREET
City-St-Zip: SUMMERFIELD, FL 34491

Title: C
Name: BOWERS, RON
Address: 10540 SE 145 STREET
City-St-Zip: SUMMERFIELD, FL 34491

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: LESLIE WOLFF

TRSR

07/13/2011

Electronic Signature of Signing Officer or Director_____
Date