

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000011771

1. Entity Name
**ENFORCERS MOTORCYCLE CLUB CLEARWATER
CHAPTER INC.**



Principal Place of Business

**2642 SOCIETY DR
HOLIDAY, FL 34691**

Mailing Address

**PO BOX 5459
CLEARWATER, FL 33758**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
20-2153562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOUCK, JAMES A
2642 SOCIETY DR
HOLIDAY, FL 34691**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	SESSA, RICHARD A	
STREET ADDRESS	4201 HONEYSUCKLE AVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	1VP	
NAME	HOUCK, JAMES A	
STREET ADDRESS	2642 SOCIETY DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	2VP	
NAME	STEIN, THOMAS	
STREET ADDRESS	30 LAKE SHORE LN	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	C	
NAME	REPP, ROBERT	
STREET ADDRESS	20 BEECHTREE CT	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	T	
NAME	VALVERI, WILLIAM J	
STREET ADDRESS	711 MERLINS CT	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000424011
02/18/06-80030-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Valveri (WILLIAM J. VALVERI)

1/31/06

727-204-8176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #