


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SESSA, RICHARD A 4201 HONEYSUCKLE AVE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP HOUCK, JAMES A 2642 SOCIETY DR HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP STEIN, THOMAS 30 LAKE SHORE LN PALM HARBOR, FL 34685	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C REPP, ROBERT 20 BEECHTREE CT PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VALVERI, WILLIAM J 711 MERLINS CT TARPOON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>William J. Valveri</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/22/07</u> Date <u>727-437-4477</u> Daytime Phone #



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2153562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/29/07-80043-019 61.25

**DO NOT WRITE
IN THIS SPACE**