

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

DOCUMENT # N04000011771

1. Entity Name  
ENFORCERS MOTORCYCLE CLUB CLEARWATER  
CHAPTER INC.



**FILED  
Jan 25, 2007 08:00 AM  
Secretary of State**

Principal Place of Business  
2642 SOCIETY DR  
HOLIDAY, FL 34691

Mailing Address  
PO BOX 5459  
CLEARWATER, FL 33758



**DO NOT WRITE IN THIS SPACE**

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2153562	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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, 2007**

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

1000000604185  
01/29/07-80043-019 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William J. Valveri **WILLIAM J. VALVERI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 727-487-4477  
Date Daytime Phone #