



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 011 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 10615 FIREBRICK CT.		3. Mailing Address PO BOX 5459			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NEW PORT RICHEY, FLA		City & State CLEARWATER FL.			
Zip 34655		Zip 33758			
Country U.S.		Country U.S.		4. FEI Number 20-2153562	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOUCK, JAMES A 2642 SOCIETY DR HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name KYLE G. RESLER Street Address (P.O. Box Number is Not Acceptable) 10615 FIREBRICK CT. City NEW PORT RICHEY FL Zip Code 34655		
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 <u>Kyle G. Resler</u> Kyle G. Resler 1/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SESSA, RICHARD A 4201 HONEYSUCKLE AVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP KYLE G. RESLER 10615 FIREBRICK CT. NEW PORT RICHEY FLA. 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HOUCK, JAMES A 2642 SOCIETY DR HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL L. ROBINSON 3744 LEEDS CT. # 203 PALM HARBOR FLA. 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP STEIN, THOMAS 30 LAKE SHORE LN PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REPP, ROBERT 20 BEECHTREE CT PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALVERI, WILLIAM J 711 MERLINS CT TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Kyle G. Resler</u> Kyle G. Resler		Date 1/14/08		Daytime Phone # 727 639 4073	