FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

'	1997	and the same	DIVISION OF (CORPORA	OITA	NS						
DOCUI 1. Corporation	MENT #	N04764	(9)									
JOYRID	ERS MOTOR	CYCLE CLUB, I	NC.				ļ					
							[
Principal Place	e of Business		Mailing Address									
3074 18TH AVENUE SOUTH 3074 18TH AVENUE SOUTH							ĺ					
	IG FL 33712-2554		ST. PETERSBURG FL 3371									
								3. Date Incorporated or Qualified	3a.	Date of Last R	eport	7
			La Maria					08/20/1984		01/26/199		1
2. Principal P	lace of Business		2a. Mailing Address					4. FEI Number 59-2442465		1	oplied For of Applicable	$\frac{1}{2}$
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.75	Additional	1
22 City & State			City & State							Fee Re	-	-
23	•		28					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	1
Zip	⊢ ~	Country	Zip	Cou	ntry			8. This corporation has liability for i			. 199.032,	1
24	0 Name and	Address of Current	29 Registered Agent	30				Florida Statutes L. 10. Name and Address of New Rei		□ No		-
\	e, maine and		TO GOTTON THE STATE OF THE STAT		B1	Name		10, Hamb dita Addition of flow the	Bistolo	4 ABOIL		1
	, HOWARD			}	82	Street	Addres	ss (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·		+
3655 271		83				·	·	<u></u>		-		
SI. PEIL	ERSBURG FL 33	9711		į	\perp							
					84	City			F	L 85 Zip :	Code	ļ
11. Pursuant office or r	to the provisions of	of Sections 617.0502 or both, in the State o	and 617.1508, Florida Statut I Florida, Such change was	tes, the at	ove d by	named	corpoi	ration submits this statement for the pin's board of directors. I hereby accept	urpose	of changing it	s registered	1
agent. I a	ım tamiliar with, ar	nd accept the obligati	ons of, Section 617.0503, Fl	orida Stati	ules	٠. '	•	. , ,		.,		l
SIGNATURE .	Signature, typed or prin	led name of registered agent	and title if applicable (NOT	L: Flagistared	Agei	nt signature	required	when reinstating)	DATE			
12.		OFFICERS AND	DIRECTORS DELETE	13.	_		1	ADDITIONS/CHANGES TO OFFIC	ERS A] [
TITLÉ NAME	PD CHANCE, HO	MARD	☐ occeie	1.1 TIT 1.2 NA						∐ Change	Addition	5
STREET ADDRESS	3655 27TH A					ADDRESS	ľ					S
CITY-ST-ZIP	ST. PETERSE			1.4 CP)					Š
TITLE	VD		☐ DELETE	2.1 1(1						☐ Change	Addition Addition	70
NAME STREET ADDRESS	HOLMES, MC 3867 14TH A			2.2 NA		100000						
CITY-ST-ZIP	ST. PETERSE			2.4 CI		ADDRESS T-71P	ţ					
TITLE	\$D		DELETE	3.1 111				<u> </u>		Change	Addition	1
NAME	MOORE, DO			3.2 NA			}					
STREET ADDRESS	ST. PETERSE	Treet South				ADDRESS						
CITY-ST-ZIP TITLE	TD	ond IL	DELETE	3.4 CI 4.1 TIT		1-212	 			Change	Addition	+
NAME	VENNAIL, LE	E HUDSON		4 2 N/	AME		<u> </u>					
STREET ADDRESS	2549 37TH S			4.3 ST	REE1.	ADDRESS	}					
CITY-ST-ZIP	ST. PETERSE	URG FL	LIBOURE	4.4 CI1		- ZIP				- LOberta	Aggreen	4
TITLE NAME			DELETE	5,1 TIT 5,2 NA		,	{	•		Change	Addition	1
STREET ADDRESS						ADDRESS	}					
CITY-ST-ZIP	·			5.4 CiT			<u></u>					
TITLE			DELETE	61 TIT						Change	Addition	
NAME OTREET ADDRESS				6.2 NA		1000	}					
STREET ADDRESS CITY+ST-ZIP				6.3 ST		ADORESS						
44 1 -1-1				0.4 011	1-0	- 811	<u> </u>					-1

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an eddress.

GNATURE:

FILED

May 15 1997 8:00am

Secretary of State