

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90034 008 ****70.00

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1. Entity Name

**ALL 4 ONE MOTORCYCLE CLUB OF JACKSONVILLE
(FL) INCORPORATED**



Principal Place of Business 5350 ARLINGTON EXPRESSWAY #403 JACKSONVILLE FL 32211	Mailing Address 5350 ARLINGTON EXPRESSWAY #403 JACKSONVILLE FL 32211
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 05-1250101 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, DOLISSIA
5350 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Dolissia K. Harrison* Dolissia K. Harrison 2/16/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	HARRISON, DOLISSIA	5350 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211	<input type="checkbox"/>						
VP	WRIGHT, DEVON	1951 LAMBERT ST	JACKSONVILLE FL 32206	<input type="checkbox"/>						
ST	TERRY, SHERRELL	10010 SKINNER LAKE DR	JACKSONVILLE FL 32246	<input type="checkbox"/>						
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dolissia K. Harrison* Dolissia K. Harrison 2/16/2006