


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

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90054 041 \*\*\*\*70.00

<b>DOCUMENT # N05000003878</b>			
1. Entity Name <b>ALL 4 ONE MOTORCYCLE CLUB OF JACKSONVILLE (FL) INCORPORATED</b>			
Principal Place of Business <b>5350 ARLINGTON EXPRESSWAY #403 JACKSONVILLE, FL 32211</b>		Mailing Address <b>5350 ARLINGTON EXPRESSWAY #403 JACKSONVILLE, FL 32211</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>9369 Arbor Oak Ln</b>		Suite, Apt. #, etc. <b>9369 Arbor Oak Ln</b>	
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>	
Zip <b>32208</b>	Country	Zip <b>32208</b>	Country
4. FEI Number <b>65-1250161</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARRISON, DOLISSIA 5350 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9369 Arbor Oak Ln</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32208</b>	
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 _____		DATE <b>3/27/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HARRISON, DOLISSIA</b>		NAME <b>9369 Arbor Oak Ln</b>	
STREET ADDRESS <b>5350 ARLINGTON EXPRESSWAY</b>		STREET ADDRESS <b>JACKSONVILLE FL 32208</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>		CITY-ST-ZIP <b>JACKSONVILLE FL 32208</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>WRIGHT, DEVON</b>		NAME <b>Leanne Turini</b>	
STREET ADDRESS <b>1951 LAMBERT ST</b>		STREET ADDRESS <b>9369 Arbor Oak Ln</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32206</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32208</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>TERRY, SHERRELL</b>		NAME <b>Treasurer</b>	
STREET ADDRESS <b>10010 SKINNER LAKE DR</b>		STREET ADDRESS <b>Trevor Edwards</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>		CITY-ST-ZIP <b>9369 Arbor Oak Ln</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32208</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____		DATE <b>3/27/07</b> 904 434-5381	
Signature and typed or printed name of officer or director		Date Daytime Phone #	