


**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>		Zip <b>32208</b>	
Country		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>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRISON, DOLISSIA</b>		NAME <b>Leanne Turini</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>5350 ARLINGTON EXPRESSWAY</b>		STREET ADDRESS <b>9369 Arbor Oak Ln</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 <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WRIGHT, DEVON</b>		NAME <b>Trevor Edwards</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 type="checkbox"/> Addition
NAME <b>TERRY, SHERRELL</b>		NAME	
STREET ADDRESS <b>10010 SKINNER LAKE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>		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 REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	