
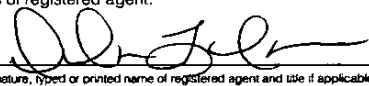
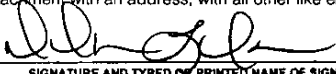


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 013 ****70.00

| | | | |
|--|--|--|---|
| DOCUMENT # N05000003878 | |  | |
| 1. Entity Name ALL 4 ONE MOTORCYCLE CLUB OF JACKSONVILLE (FL) INCORPORATED | | | |
| Principal Place of Business 9369 ARBOR OAK W JACKSONVILLE, FL 32208 | | Mailing Address 9369 ARBOR OAK W JACKSONVILLE, FL 32208 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 5352 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Jacksonville, FL | |
| Zip | Country | Zip | Country |
| | | 32247 | |
| 4. FEI Number 65-1250161 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRISON, DOLISSIA 9369 ARBOR OAK LN JACKSONVILLE, FL 32208 | | 7. Name and Address of New Registered Agent | |
| 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  | | DATE 4/9/08 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 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 | P HARRISON, DOLISSIA 9369 ARBOR OAK LN JACKSONVILLE, FL 32208 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VP TURINI, LEANNE 9369 ARBOR OAK LN JACKSONVILLE, FL 32208 | TITLE | S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Consuela Levy |
| STREET ADDRESS | | STREET ADDRESS | 9369 Arbor Oak Ln |
| CITY-ST-ZIP | | CITY-ST-ZIP | JACKSONVILLE, FL 32208 |
| TITLE | T EDWARDS, TREVOR 9369 ARBOR OAK LN JACKSONVILLE, FL 32208 | TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | Melissa Noel |
| STREET ADDRESS | | STREET ADDRESS | 9369 Arbor Oak Ln |
| CITY-ST-ZIP | | CITY-ST-ZIP | JACKSONVILLE, FL 32208 |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | 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 4/9/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |