
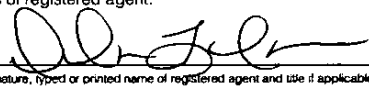
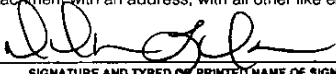


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
Suites, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip 32247	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DOLISSIA	NAME	
STREET ADDRESS	9369 ARBOR OAK LN	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURINI, LEANNE	NAME	Consuela Levy
STREET ADDRESS	9369 ARBOR OAK LN	STREET ADDRESS	9369 Arbor oak Ln
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, TREVOR	NAME	Melissa Noel
STREET ADDRESS	9369 ARBOR OAK LN	STREET ADDRESS	9369 Arbor oak Ln
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	JACKSONVILLE, FL 32208
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: 4/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	