

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003605

FILED
Jun 04, 2008
Secretary of State

Entity Name: VICTORY RIDERS ASSOCIATION OF SOUTH FLORIDA INC

Current Principal Place of Business:

240 NW 40TH AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

840 S ANDREWS AVE
POMPANO BEACH, FL 33069

Current Mailing Address:

240 NW 40TH AVE
DELRAY BEACH, FL 33445

New Mailing Address:

PO BOX 51497
LIGHTHOUSE POINT, FL 33074

FEI Number: 20-5655675 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEHOE, RICHARD
240 NW 40TH AVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

VICTORY RIDERS ASSOCIATION OF S. FLORIDA
840 S ANDREWS AVE
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: VICTORY RIDERS ASSOCIATION OF S. FLORIDA

06/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEHOE, RICHARD
Address: 240 NW 40TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: V () Delete
Name: MAY, FRANK
Address: 8710 NW 15TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: BENGSTON, RITA
Address: 4747 HOLLYWOOD BLVD #263
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: SOUDER, JULIE
Address: 1284 SW 1ST AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RYNAR, NATALIE
Address: 4256 NW 81ST TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V (X) Change () Addition
Name: MILLER, DEANNA
Address: 4518 SW 27TH TERRACE
City-St-Zip: DANIA BEACH, FL 33312

Title: T (X) Change () Addition
Name: PETRONE, PATRICIA J
Address: PO BOX 51497
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA PETRONE

TRES

06/04/2008

Electronic Signature of Signing Officer or Director

Date