2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 06, 2009 Secretary of State

Entity Name: VICTORY RIDERS ASSOCIATION OF SOUTH FLORIDA INC

Current Principal Place of Business: New Principal Place of Business: 840 S ANDREWS AVE POMPANO BEACH, FL 33069 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RYNAR, NATALIE KEHOE, RICHARD J Name: Name: 4256 NW 81ST TERRACE Address: 240 NW 40TH AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: (X) Change () Addition MILLER, DEANNA Name: ALFRED, KARSTEN Name: Address: 4518 SW 27TH TERRACE Address: 5530 SW 8TH STREET City-St-Zip: DANIA BEACH, FL 33312 City-St-Zip: MARGATE, FL 33068 Title: () Delete Title: () Change () Addition PETRONE, PATRICIA J Name: Name: PO BOX 51497 Address: Address: City-St-Zip: LIGHTHOUSE POINT, FL 33074 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SOUDER, JULIE Name: Address: 1284 SW 1ST AVENUE Address: City-St-Zip: POMPANO BEACH, FL 33060 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: RICHARD J KEHOE P 04/06/2009