

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90019 007 ****61.25

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02192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000004224 1. Entity Name THE ANTIQUE MOTORCYCLE CLUB OF AMERICA, INC.			
Principal Place of Business 225 E LEMON ST - STE 351 LAKE LAND, FL 33801		Mailing Address P O BOX 2808 LAKE LAND, FL 33806-2802	
2. Principal Place of Business - No P.O. Box # 940 LK HOLLINGSWORTH DR.		3. Mailing Address P.O. BOX 93430	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE LAND, FL		City & State LAKE LAND, FL	
Zip 33803-3738		Zip 33804-3430	
Country USA		Country USA	
4. FEI Number 20-5712594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WENDEL, JOHN F % WENDEL & CHRITTON, CHARTERED 225 E LEMON ST - STE 351 LAKE LAND, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 <input checked="" type="checkbox"/> Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Raymond B. Dhue</u> RAYMOND B. DHUE		Date <u>Mar. 13, 2007</u> Daytime Phone # <u>863 682-5855</u>	