## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004643

FILED Jan 29, 2008 Secretary of State

Entity Name: SUNSHINE CHAPTER ANTIQUE MOTORCYCLE CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1046 JUNE TERRACE DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1046 JUNE TERRACE DAYTONA BEACH, FL 32119 FEI Number: 01-0866404 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: BOND, DEWEY 453 VALLEY STREAM DR. GENEVA, FL 32732 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: DP () Delete () Change () Addition BOND, DEWEY Name: Name: 453 VALLEY STREAM DR. Address: Address: City-St-Zip: GENEVA, FL 32732 City-St-Zip: Title: Title: () Delete () Change () Addition DINGESS, JIM Name: Name: Address: 2417 SE DELANO RD. Address: City-St-Zip: PT. ST. LUCIE, FL 34952 City-St-Zip: Title: () Delete Title: () Change () Addition BEVILACQUA, GENE Name: Name: Address: 1046 JUNE TERRACE Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: DV Title: DV Name: GIMPEI, JOE JR. Name: GIMPEL, JOE JR. 801 GATE PARK DR., BLDG. E 801 GATE PARK DR., BLDG. E Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 Title: DS () Delete Title: (X) Change ( ) Addition KRELLER, JOANN KRELLER, JOANN M Name: Name: 1046 JUNE TERRACE 1046 JUNE TERRACE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: ( ) Delete Title: (X) Change ( ) Addition BOWMAN, JOHN M. JR. BOWMAN, SYLVIA A Name: Name: Address: 1791 MAGNOLIA AVE. Address: 1791 MAGNOLIA AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 City-St-Zip: 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: JOANN M KRELLER DS 01/29/2008