

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008620

FILED
Mar 23, 2009
Secretary of State

Entity Name: BOOZEFIGHTER MC CHAPTER #68 (FLORIDA) INC.

Current Principal Place of Business:

4233 US HWY 1
EDGEGATER, FL 32169 US

New Principal Place of Business:

4233 US HWY 1
EDGEGATER, FL 32141 US

Current Mailing Address:

PO BOX 470937
CELEBRATION, FL 34747 US

New Mailing Address:

4233 US HWY 1
EDGEGATER, FL 32141 US

FEI Number: 26-0625899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JASON C
2511 W. ORANGE BLVD
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BOURNE, HUGH J
11 SAND DRIVE
NEW SMYRNA BEACH, FL 32169 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: HUGH JAMES BOURNE

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOURNE, HUGH JAMES
Address: 2511 W. ORANGE AVE
City-St-Zip: KISSIMMEE, FL 34742

Title: VD () Delete
Name: COLEMAN, JAMES D
Address: 2511 W. ORANGE AVE
City-St-Zip: KISSIMMEE, FL 34742

Title: SD () Delete
Name: CHAMLEE, TONY
Address: 2511 W. ORANGE AVE
City-St-Zip: KISSIMMEE, FL 34742

Title: T () Delete
Name: LEVI, J.F. G
Address: 2511 W. ORANGE AVE
City-St-Zip: KISSIMMEE, FL 34742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOURNE, HUGH JAMES
Address: 11 SAND DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VD (X) Change () Addition
Name: COLEMAN, JAMES D
Address: 1818 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: SD (X) Change () Addition
Name: CHAMLEE, TONY
Address: 2417 QUEEN PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: T (X) Change () Addition
Name: LEVI, J.F. G
Address: 12069 54TH STREET NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: J.F. LEVI

T

03/23/2009

Electronic Signature of Signing Officer or Director

Date