

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007459

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROLLING THUNDER INC FL CHAPTER 3

Current Principal Place of Business:

2473 SE STATE ROAD 100
STARKE, FL 32091

New Principal Place of Business:

7619 SW 50TH ROAD
GAINESVILLE, FL 32608

Current Mailing Address:

7619 SW 50TH ROAD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 26-0061726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, THOMAS P
7619 SW 50TH ROAD
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HAMPTON, GARY
Address: 2473 SE STATE ROAD 100
City-St-Zip: STARKE, FL 32091

Title: VP () Delete
Name: VACANT, VACANT
Address: 2473 SE STATE ROAD 100
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: LYNCH, THOMAS P
Address: 7619 SW 50TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: SEAGER, LINDA
Address: 7677 EL DORADO AVENUE
City-St-Zip: KEYSTONE HTS, FL 32656

Title: COB () Delete
Name: BUCKLAND, DANNY
Address: 6804 SW 78TH STREET
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, HAWK
Address: P.O. BOX 370
City-St-Zip: ORANGE LAKE, FL 32681

Title: VP (X) Change () Addition
Name: SEAGER, MICHAEL
Address: 7677 EL DORADO AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

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

Title: COB (X) Change () Addition
Name: WILKINSON, BOB
Address: 13116 BLACKHAWK TRAIL COURT
City-St-Zip: JACKSONVILLE, FL 32225

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: THOMAS P. LYNCH

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date