

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000281

FILED
Apr 14, 2010
Secretary of State

Entity Name: AMERICAN NATIONAL ASSOCIATION FOR BIKERS WITH A DISABILITY, INC.

Current Principal Place of Business:

3601 HWY 41 NORTH
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

3601 HWY 41 NORTH
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 90-0444721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWITT, GAIL
518 36TH STREET WEST
PALMETTO, FL 34221 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: D
Name: DEWITT, GAIL
Address: 3601 HWY 41 NORTH
City-St-Zip: PALMETTO, FL 34221

Title: D
Name: JAMES, RICK
Address: 3601 HWY 41 NORTH
City-St-Zip: PALMETTO, FL 34221

Title: D
Name: LAWWILL, MERT
Address: 3601 HWY 41 NORTH
City-St-Zip: PALMETTO, FL 34221

Title: D
Name: LARSEN, ROBERT
Address: 3601 HWY 41 NORTH
City-St-Zip: PALMETTO, FL 34221

Title: D
Name: HURST, SUSAN
Address: 1575 ST JUDE AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: HERNDEN, RON
Address: 4702 26 ST W
City-St-Zip: BRADENTON, FL 34207

I hereby 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 all other like empowered.

SIGNATURE: GAIL DEWITT

D

04/14/2010

Electronic Signature of Signing Officer or Director

Date