

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N10387

1. Entity Name

THE NITE RIDERS VAN CLUB, INC.



Principal Place of Business

621 45TH AVENUE SOUTH
SAINT PETERSBURG FL 33705
US

Mailing Address

621 45TH AVENUE SOUTH
SAINT PETERSBURG FL 33705
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JAMES
621 45TH AVE SO
SAINT PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 T ☐ Delete
NAME WILLIAMS, JAMES
STREET ADDRESS 621-45TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000425095
CITY-ST-ZIP 02/18/06-80080-010 61.25

TITLE D ☐ Delete
NAME KEYS, ROBERT Y.
STREET ADDRESS 2554-22 STREET, S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D ☐ Delete
NAME HATCHER, JAMES
STREET ADDRESS 545 38 ST S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE P ☐ Delete
NAME WILLIAMS, DONNIE
STREET ADDRESS 644 25 AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE V ☐ Delete
NAME PIERCE, CONELL
STREET ADDRESS 2324 E. HARBOR DR. SO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D ☐ Delete
NAME HAWKINS, GENAVERS
STREET ADDRESS 4229 TARPON DR SE
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James R. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-06 127-460-5173

Date

Daytime Phone #