

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N10387

1. Entity Name

THE NITE RIDERS VAN CLUB, INC.



Principal Place of Business

Mailing Address

621 45TH AVENUE SOUTH
SAINT PETERSBURG FL 33705
US

621 45TH AVENUE SOUTH
SAINT PETERSBURG FL 33705
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

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

☐ Change ☐ Addition
NAME U00000632356
STREET ADDRESS 02/21/07-80018-023 61.25
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 Williams*

02-08-07 727 3050