

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10387

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** THE NITE RIDERS VAN CLUB, INC.

**Current Principal Place of Business:**

621 45TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 45TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

10/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 621-45TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: KEYS, ROBERT Y.  
Address: 2554-22 STREET, S.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: HATCHER, JAMES  
Address: 545 38 ST S.  
City-St-Zip: ST. PETERSBURG, FL

Title: P ( ) Delete  
Name: WILLIAMS, DONNIE  
Address: 644 25 AVE. S.  
City-St-Zip: ST. PETERSBURG, FL

Title: V ( ) Delete  
Name: PIERCE, CONELL  
Address: 2324 E. HARBOR DR. SO  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: HAWKINS, GENAVERS  
Address: 4229 TARPON DR SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, JAMES A  
Address: 621-45TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

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

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

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

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

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

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: JAMES A WILLIAMS

T

10/14/2009

Electronic Signature of Signing Officer or Director

Date