

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10387

FILED  
Feb 08, 2010  
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:**

621 45TH AVENUE SOUTH  
ST. PETERSBURG, FL 33705 US

**Current Mailing Address:**

621 45TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705 US

**New Mailing Address:**

621 45TH AVENUE SOUTH  
ST. PETERSBURG, FL 33705 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

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

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

WILLIAMS, JAMES A  
621 45TH AVENUE SOUTH  
ST. 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:

02/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: WILLIAMS, JAMES A  
Address: 621 45TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D  
Name: KEYS, ROBERT Y  
Address: 2554 22 STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D  
Name: HATCHER, JAMES  
Address: 545 38 STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: P  
Name: WILLIAMS, DONNIE  
Address: 644 25 AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: V  
Name: PIERCE, CONELL  
Address: 2324 EAST HARBOR DRIVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D  
Name: HAWKINS, GENAVERS  
Address: 4229 TARPON DRIVE SOUTH EAST  
City-St-Zip: SAINT PETERSBURG, FL 33705

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: JAMES A WILLIAMS

T

02/08/2010

Electronic Signature of Signing Officer or Director

Date