2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30138

FILED Jan 05, 2009 Secretary of State

Entity Name: DAYTONA MOTORCYCLISTS' CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

290 BEACH ST.

DAYTONA BEACH, FL 32114 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1441 DAYTONA BEACH, FL 321151441

FEI Number: 59-3426477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SEELEY, DONALD 3024 S PENINSULA DR DAYTONA BEACH SHORES, FL 32118 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: AD (X) Change () Addition Name: WALTERS, MIKE Name: RAWLINS, HARRELL

Name: WALTERS, MIKE Name: RAWLINS, HARRELL
Address: 1285 SUNNINGDALE LANE Address: 3405 LAKE HELEN OSTEEN RD
City-St-Zip: ORMOND, FL 32174 US City-St-Zip: DELTONA, FL 32738 US

Title: AD () Delete Title: D (X) Change () Addition Name: FOX, KENNETH Name: FOX, KENNETH

Address: 819 11TH AVENUE Address: 819 11TH AVENUE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: S () Delete Title: S (X) Change () Addition Name: JOHNSON, CRAIG Name: JACKSON, LEA

 Address:
 2425 CENTER ROAD
 Address:
 14202 LYMESTONE CT

 City-St-Zip:
 DELTONA LAKES, FL 32738 US
 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168 US

City-St-Zip: DELTONA LAKES, FL 32/38 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T () Delete Title: () Change () Addition Name: SEELEY, DONALD Name:

 Address:
 3024 S PENINSULA DR
 Address:

 City-St-Zip:
 DAYTONA BEACH SHORES, FL 32118 US
 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: DONALD SEELEY T 01/05/2009