

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33226 (4)

1. Corporation Name

FLORIDA WEST COAST MOTORCYCLE CLUB INC.

Principal Place of Business

17129 U.S. HWY 19 NORTH
CLEARWATER FL 34624
US

Mailing Address

P.O. BOX 7755
ST. PETERSBURG FL 33734-7755



3. Date Incorporated or Qualified

07/12/1989

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34624

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, LUCILLE E
17129 U.S. HWY 19 NORTH
CLEARWATER FL 34624

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME FLETCHER, ROBERT J.
STREET ADDRESS 13019 CROFT DRIVE
CITY-ST-ZIP LARGO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SWARTZ, FRANKLIN
STREET ADDRESS 4648 55TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FLETCHER, LUCILLE
STREET ADDRESS 10919 CROFT DRIVE
CITY-ST-ZIP LARGO FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PRINCLER, PRISCILLA
STREET ADDRESS 2519 NORTH POLO POINT
CITY-ST-ZIP INVERNESS FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PRINCLER, RONALD
STREET ADDRESS 2519 NORTH POLO POINT
CITY-ST-ZIP INVERNESS FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SAWWELL, WAYNE
STREET ADDRESS 8184 81ST WAY NORTH
CITY-ST-ZIP SEMINOLE FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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Handwritten signature and date: 3/5/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucille Fletcher LUCILLE FLETCHER

2-4-96

813-535-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)