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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

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

17129 U.S. HWY 19 NORTH  
CLEARWATER FL 34624-7503  
US

3. Date Incorporated or Qualified  
07/12/1989

3a. Date of Last Report  
03/05/1996

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

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	<input type="checkbox"/> DELETE
NAME	FLETCHER, ROBERT J.	
STREET ADDRESS	13019 CROFT DRIVE	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, FRANKLIN	
STREET ADDRESS	4648 55TH AVENUE NORTH	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, LUCILLE	
STREET ADDRESS	10919 CROFT DRIVE	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRINCLER, PRISCILLA	
STREET ADDRESS	2519 NORTH POLO POINT	
CITY- ST- ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRINCLER, RONALD	
STREET ADDRESS	2519 NORTH POLO POINT	
CITY- ST- ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWVELL, WAYNE	
STREET ADDRESS	8184 81ST WAY NORTH	
CITY- ST- ZIP	SEMINOLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lucille E. Fletcher* 813-596-6795  
2-6-97

Date Daytime Phone # 0067835

CR2E037 (9/96)