


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N45038 1. Entity Name SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE, INC.	
---	---

Principal Place of Business 443 S. STATE ROAD 7 PLANTATION, FL 33317	Mailing Address 4630 UNIVERSITY DRIVE #460 CORAL SPRINGS, FL 33067 US
--	--

DO NOT WRITE IN THIS SPACE



07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0333357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STANLEY, KUCZYNSKI 4630 UNIVERSITY DR #460 CORAL SPRINGS, FL 33067	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000770411 07/25/07-80002-008 61.25
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT ADKINS, ALLEN 7312 WINDER COURT LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HANSTEIN, COLLEEN 2016 SW 81ST WAY DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KUCZYNSKI, STANLEY G 4630 UNIVERSITY DRIVE #460 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ADKINS, WAYNE 1004 SE 14 DR DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	7-20-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>