

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51172

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** GROUP RIDERS MOTORCYCLE CLUB, INC.

**Current Principal Place of Business:**

8142 NEW KINGS ROAD  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

7942 MATTOX AVE  
JACKSONVILLE, FL 32219

**New Mailing Address:**

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

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

STROY, GRADY  
6712 GASPAR CIRCLE EAST  
JACKSONVILLE, FL 32219 US

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

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:**

Title: PD ( ) Delete  
Name: STROY, GRADY  
Address: 6712 GASPAR CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VPD ( ) Delete  
Name: JOINER, JAMES  
Address: 8142 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: CD ( ) Delete  
Name: MCCORMICK, WILLIE  
Address: 1024 GLENCARIN ST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: FSD ( ) Delete  
Name: HAMPTON, DENISE  
Address: 7942 MATTOX AVE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD ( ) Delete  
Name: SIMS, LATONIAN  
Address: 1365 FLORIDA AVE  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DENISE HAMPTON

FSD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date