

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003461

FILED
Apr 21, 2009
Secretary of State

Entity Name: BUFFALO SOLDIERS MOTORCYCLE CLUB OF FLORIDA INC.

Current Principal Place of Business:

1600 ALCAZAR WAY S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

PO BOX 13132
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3587763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURY, CARL P
1600 ALCAZAR WAY S
ST PETERSBURG, FL 33712 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: TD () Delete
Name: LAURY, CARL P
Address: 1600 ALCAZAR WAY S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: MACON, THOMAS
Address: 1316 GRANTWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: NIXON, ROY L
Address: 2406 HEATHER MANOR LANE
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: PHELAN, SAM
Address: 28807 CROOKED STICK COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: MASSEY, WALTER
Address: 6918 40TH CT. EAST
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: CARL P LAURY

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date