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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90066 004 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000005304**

1. Corporation Name

**NAM KNIGHTS MOTORCYCLE CLUB OF AMERICA, HIGHLAND  
DIVISION, INC.**

Principal Place of Business

12141 U.S. HWY. 98  
SEBRING FL 33870

Mailing Address

PO BOX 3382  
SEBRING FL 33871  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

65-0796868

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**INGER, MARVIN**  
12141 U.S. HWY. 98  
SEBRING FL 33870

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME MINGER, MARVIN  
STREET ADDRESS 12141 U.S. HWY. 98  
CITY-ST-ZIP SEBRING FL 33870

☐ DELETE

TITLE VPD  
NAME FUSSELMAN, JOHN  
STREET ADDRESS 7030 CR 17 S  
CITY-ST-ZIP SEBRING FL 33870

☒ DELETE

TITLE SD  
NAME MANLEY, MARK  
STREET ADDRESS 590 OBSERVATION AVE #4  
CITY-ST-ZIP LAKE PLACID FL 33852

☐ DELETE

TITLE TD  
NAME ROGERS, JAMES  
STREET ADDRESS 6116 LAKE FRONT DR  
CITY-ST-ZIP SEBRING FL 33870

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE VPD  
2.2 NAME BARRETT, J.D.  
2.3 STREET ADDRESS 3235 LAKEVIEW DR  
2.4 CITY-ST-ZIP LAKE PLACID FL 33852

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE TD  
4.2 NAME WHITE, KENNETH  
4.3 STREET ADDRESS 1121 DOWNING CIRCLE  
4.4 CITY-ST-ZIP WAUCHULA FL 33873

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **KENNETH WHITE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 99 (941) 773-0931  
Date Daytime Phone #

CR2E037-11/98