

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004844**

1. Entity Name  
**FLORIDA TRIALS ASSOCIATION MOTORCYCLE CLUB,  
INC.**



Principal Place of Business  
**405 MAGGIE CIRCLE  
WINTER HAVEN, FL 33880 US**

Mailing Address  
**4259 SE 79TH STREET  
OCALA, FL 34480 US**



01142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3606248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MUSCA, DANIEL G ESQ.  
C/O SHUMAKER, LOOP KENDRICK LLP  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FLORIN, BARRY A  
7195 ORCHID TREE DRIVE  
GRANT, FL 32949**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
WALKER, CHUCK  
10854 HUFFNER EDGE DRIVE  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
VENNELL, ROBERT  
405 MAGGIE CIRCLE  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
GANGLEY, BARBARA  
4259 SE 79TH STREET  
OCALA, FL 34480**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MYERS, JEFF  
2002 W. MAIN STREET  
LEESBURG, FL 32748**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
DELMAN, KEVIN S  
6638 PARSON BROWN COURT  
ORLANDO, FL 32819**

UN00000791492  
01/23/08-80074-023 61.25

**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:**

*Kevin S. Delman* **Kevin S. Delman**

**1-14-08**

(407)

**370-0964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #