

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004844

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA TRIALS ASSOCIATION MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

405 MAGGIE CIRCLE
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

4259 SE 79TH STREET
OCALA, FL 34480 US

Current Mailing Address:

4259 SE 79TH STREET
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3606248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: D () Delete
Name: FLORIN, BARRY A
Address: 7195 ORCHID TREE DRIVE
City-St-Zip: GRANT, FL 32949 US

Title: V () Delete
Name: WALKER, CHUCK
Address: 10854 HUFFNER EDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: PD () Delete
Name: VENNEL, ROBERT
Address: 405 MAGGIE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: S () Delete
Name: GANGLE, BARBARA
Address: 4259 SE 79TH STREET
City-St-Zip: OCALA, FL 34480 US

Title: D () Delete
Name: MYERS, JEFF
Address: 2002 W. MAIN STREET
City-St-Zip: LEESBURG, FL 32748 US

Title: T (X) Delete
Name: DELMAIN, KEVIN S
Address: 6638 PARSON BROWN COURT
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PT (X) Change () Addition
Name: DELMAIN, KEVIN S
Address: 6638 PARSON BROWN CT
City-St-Zip: ORLANDO, FL 32819 US

Title: V (X) Change () Addition
Name: VENNEL, ROBERT
Address: 405 MAGGIE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880 US

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: KEVIN S DELMAIN

PT

01/08/2009

Electronic Signature of Signing Officer or Director

Date