

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

DOCUMENT # N99000006905

1. Entity Name
PALM BEACH COUNTY MOTORCYCLISTS TOYS FOR
TOTS, INC.



Principal Place of Business

1547 NORTH FLORIDA MANGO RD
WEST PALM BEACH, FL 33401

Mailing Address

PO BOX 17398
WEST PALM BEACH, FL 33416-7398

**FILED
Jul 28, 2008 08:00 AM
Secretary of State**



05272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0953826	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SESSIONS, JERRY L II
319 8TH STREET
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARDASH, KEITH
STREET ADDRESS 564 ARLINGTON DR
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE VD
NAME DELANEY, TIM
STREET ADDRESS 11682 FISCUS ST
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE SD
NAME WATSON, JERRY
STREET ADDRESS 1022 ANDREWS RD
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE TD
NAME FORD, REX
STREET ADDRESS PO BOX 17398
CITY-ST-ZIP WEST PALM BEACH, FL 33416

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000956402
07/28/08-80001-018 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: *Rexford Tressner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2008 561-6870365

Date

Daytime Phone #