

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050108

FILED
Apr 27, 2009
Secretary of State

Entity Name: AMERICAN NATIONAL UNIMOTORCYCLISTS SOCIETY, INC.

Current Principal Place of Business:

420 E UNIVERSITY AVENUE
DELAND, FL 32724

New Principal Place of Business:

4680 CEDAR ROAD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

420 E UNIVERSITY AVENUE
DELAND, FL 32724

New Mailing Address:

4680 CEDAR ROAD
NEW SMYRNA BEACH, FL 32168

FEI Number: 26-2522258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNUTH, DONNA M
420 E UNIVERSITY AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

KNUTH, DONNA M
4680 CEDAR ROAD
NEW SMYRNA BEACH, FL 32168 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: NASSAU, WILLIAM
Address: 4680 CEDAR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPST () Delete
Name: KNUTH, DONNA M
Address: 420 E UNIVERSITY AVENUE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: SCHESKIE, ROBERT
Address: 838 CAVEDO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: EARING, SKYE B
Address: 620 ARLINGTON AVENUE
City-St-Zip: DELAND, FL 32724

Title: D (X) Delete
Name: LETKE, WILLIAM
Address: 4680 CEDAR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NASSAU, WILLIAM K
Address: 4680 CEDAR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVST (X) Change () Addition
Name: KNUTH, DONNA M
Address: 4680 CEDAR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change () Addition
Name: EARING, SKYE B
Address: 576 E INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DELAND, FL 32724

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. KNUTH

DVST

04/27/2009

Electronic Signature of Signing Officer or Director

Date