## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19674

3420 NE 170TH ST

CORR, MICHAEL

**DAVIE, FL 33314** 

4000 SW 72 DRIVE

NORTH MIAMI BEACH, FL 33160

() Delete

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Feb 05, 2009 Secretary of State

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<b>Entity Na</b>	me: MIAM	CHAPTER H.O.G	., INC.					
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
19400 N.W MIAMI, FL		JS						
Current Mailing Address:				New Maili	New Mailing Address:			
19400 N.W MIAMI, FL		JS						
FEI Number:	: 65-0268941	FEI Number Ap	oplied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (	X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
PETERSC 19400 N.W MIAMI, FL	V. 2 AVE.	JS						
	named ente of Florida		tement for the pu	urpose of changing	its registe	ered office or registered agent, or	both,	
SIGNATU	RE:							
Electronic Signature of Registered Agent				nt	Date			
Election Car	npaign Finar	cing Trust Fund Con	tribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D MCGILL, JI 7681 N.W. MIAMI, FL	166TH TERRACE		Title: Name: Address: City-St-Zip:	D CORR, N 4000 SW DAVIE, F	/ 72 DRIVE		
Title: Name: Address: City-St-Zip:		()Delete STEVE F PARK ROAD OD, FL 33021		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ERSPOON, HENRY / 79 TERR L 33147		
Title: Name:	S COLLINS, (	( ) Delete CINDI		Title: Name:		( ) Change ( ) Addition		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

ΑD

COLLINS, JOHN

6761 MCKINLEY ST

HOLLYWOOD, FL 33024

(X) Change ( ) Addition

SIGNATURE: HENRY WEATHERSPOON T 02/05/2009