

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004643

FILED
Mar 17, 2020
Secretary of State
3586057584CC

Entity Name: SUNSHINE CHAPTER ANTIQUE MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

401 DIVISION AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

401 DIVISION AVE
ORMOND BEACH, FL 32174 US

FEI Number: 01-0866404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOD, JOHN F
401 DIVISION AVE
ORMOND BEACH, FL 32174 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: JOHN F BLOOD

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BICLACZYC, RAYMOND
Address 1546 GRANADA AVE
City-State-Zip: HOLLY HILL FL 32117

Title PRESIDENT
Name BLOOD, JOHN
Address 401 DIVISION AVE
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER
Name PRATT, TED
Address 2161 RYAN RD
City-State-Zip: ST AUGUSTINE FL 32092

Title SECRETARY
Name JOHNSON, SHELLY
Address 401 DIVISION AVE
City-State-Zip: ORMOND BEACH FL 32174

Title DEPUTY JUDGE
Name TAYLOR, CLIVE
Address 642 NE 3RD ST
City-State-Zip: DANIA FL 33004

Title TRUSTEE
Name FROST, CLARE
Address 642 NE 3RD ST
City-State-Zip: DANIA FL 33004

Title TRUSTEE
Name DUSS, JOHN S
Address 231 SAN JUAN DR
City-State-Zip: PONTE VERDA BCH FL 32082

Title TRUSTEE
Name GIMPEL, JOSEPH JR.
Address 803 GATEPARK DR
City-State-Zip: DAYTONA BEACH FL 32114

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I hereby 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 all other like empowered.

SIGNATURE: JOHN BLOOD

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name MEGREGIAN, MARTY
Address 4245 N COURNTENAY PKWY
City-State-Zip: MERRITT ISLAND FL 32953

Title MEMBERSHIP COORDINATOR
Name KRELLER, JOANN
Address 1046 JUNE TERRACE
City-State-Zip: DAYTONA BEACH FL 32119