

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004643

**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

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**6589829691CC**

*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**

**01/07/2019**

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 LORD, NANCY  
Address 4012 CALUSA LN  
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**

**01/07/2019**

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