

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004643

**Entity Name:** SUNSHINE CHAPTER ANTIQUE MOTORCYCLE CLUB, INC.

**Current Principal Place of Business:**

2803 TAMARACK TRAIL  
APOPKA, FL 32703

**Current Mailing Address:**

2803 TAMARACK TRAIL  
APOPKA, FL 32703 US

**FEI Number: 01-0866404**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SORENSEN, CARL N  
2803 TAMARACK TRAIL  
APOPKA, FL 32703 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: CARL N. SORENSON**

**01/23/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GIMPEL, JOSEPH JR  
Address 804 WATERHOUSE CT  
City-State-Zip: PORT ORANGE FL 32127

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

Title TREASURER  
Name SORENSON, CARL  
Address 2803 TAMARACK TRAIL  
City-State-Zip: APOPKA FL 32703

Title SECRETARY  
Name PASTOR, NANCY  
Address 829 N GRANDVIEW  
City-State-Zip: DAYTONA BEACH FL 32118

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

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

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

*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: CARL SORENSON**

**TREASURER**

**01/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date