

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008491

Entity Name: NORTH FLORIDA POLICE MOTORCYCLE INC.**Current Principal Place of Business:**432 EAST MONROE STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**221 N HOGAN STREET
227
JACKSONVILLE, FL 32202**FEI Number:** 45-2208625**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OBERDORFER, DOUGLAS AESQ.
432 EAST MONROE STREET
JACKSONVILLE, FL 32202 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MORNINGSTAR, GLENN
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	SCIANDRA, DAVID
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	WHITE, MICHEL
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	FOSTER, DAVE
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	GWINN, SKIP
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	RENEE, BARNHART
Address	221 N HOGAN STREET 227
City-State-Zip:	JACKSONVILLE FL 32202

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: MICHEL WHITE**TREASURER****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date