

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003942

**FILED**  
**Mar 04, 2017**  
**Secretary of State**  
**CC3776662776**

**Entity Name:** VETERAN ENFORCERS MOTORCYCLE ASSOCIATION-CLAY COUNTY INC.

**Current Principal Place of Business:**

225 COLLEGE DR  
#65112  
ORANGE PARK, FL 32065

**Current Mailing Address:**

225 COLLEGE DR  
#65112  
ORANGE PARK, FL 32065 US

**FEI Number: 47-0986041**

**Certificate of Status Desired: No**

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

KUHN, BRENT A  
225 COLLEGE DR  
#65112  
ORANGE PARK, FL 32065 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 WALDRON, ROBERT W JR.  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title VP  
Name RYNNE, PAUL  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title CEO  
Name PACHECO, VICTOR M  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title SECR  
Name HINES, BOB  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title CFO  
Name MAXTON, LARRY  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

*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: ROBERT WALDRON**

**PRESIDENT**

**03/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date