

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N06000006540

Entity Name: I-95 RYDAZ MOTORCYCLE CLUB INCORPORATED

Current Principal Place of Business:

8651 DEVOE STREET, NORTH
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

8651 DEVOE STREET, NORTH
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 51-0588371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, NICHULICS J
8651 DEVOE STREET, NORTH
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOWLES, NICHULICS J FOUNDER
Address: 8651 DEVOE STREET, NORTH
City-St-Zip: JACKSONVILLE, FL 32220

Title: VPD () Delete
Name: THOMPSON, JASON KAMERON
Address: 1715 HIDGES BOULEVARD, APT. #2207
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: KNOWLES, VERNON N
Address: 333 LAURINA STREET, APT #132
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICHULICS KNOWLES

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date