

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:42

DOCUMENT # 739542 (9)

1. Corporation Name

BLUE KNIGHTS' LAW ENFORCEMENT MOTORCYCLE CLUB, F
LORIDA CHAPTER II, INC.

Principal Place of Business

Mailing Address

1845-13 AVE N
PO BOX 12274
ST. PETERSBURG FL 33713
US

1845-13 AVE. N.
P.O. BOX 12274
ST. PETERSBURG FL 33713
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1977

3a. Date of Last Report

01/28/1994

4. FEI Number

59-2361229

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, FRED J.
6050 FOCH STREET N.E.
ST. PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE FRED J. SHERMAN, PRESIDENT

1/18/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	VAN DYKE, JACK
STREET ADDRESS	4169 52 AVENUE S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	DVP
NAME	VANDEYMARK, EDWARD
STREET ADDRESS	4122-36 AVE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	DST
NAME	SHERMAN, FRED
STREET ADDRESS	6050 FOCH ST N.E.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	CHANDLER, NORM
STREET ADDRESS	94 PELICAN DR. N.
CITY-ST-ZIP	OLDSMAR FL
TITLE	D
NAME	CORBET, STEVE
STREET ADDRESS	4310 56 ST NO
CITY-ST-ZIP	KENNETH CITY FL
TITLE	D
NAME	PIKE, DONALD
STREET ADDRESS	538-53 AVE E L-5
CITY-ST-ZIP	BRANDTON FL

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	FRED J. SHERMAN	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
3.2 NAME	RICHARD CANNON	
3.3 STREET ADDRESS	185 RAMON WAY N.E.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	JACK VAN DYKE	
6.3 STREET ADDRESS	4169 - 52 AVE. S.	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33711	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: FRED J. SHERMAN

1/18/95

813-525-3479

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Telephone Number