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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:08

DOCUMENT # 769156 (1)

1. Corporation Name

BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV, INC.

Principal Place of Business	Mailing Address
% GEORGE WEBSTER 11020 SW 124TH STREET MIAMI FL 33176	% GEORGE WEBSTER 11020 SW 124TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1983
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0032375 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

9. Name and Address of Current Registered Agent

WEBSTER, GEORGE P.
11020 S.W. 124TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, JACK	1.2 NAME	
STREET ADDRESS	21131 NE 4TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BAMBACH, DENNIS	2.2 NAME	
STREET ADDRESS	2201 NW 82 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, GEORGE	3.2 NAME	
STREET ADDRESS	11020 S.W. 124TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, MADISON	4.2 NAME	
STREET ADDRESS	13211 SW 67 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHOELSON, HOWARD	5.2 NAME	
STREET ADDRESS	6115 HAWKES BLUFF AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	~~MARTI, LUIS.~~	6.2 NAME	D. ARTON Richard Slichter
STREET ADDRESS	~~0415 W 18 AVENUE~~	6.3 STREET ADDRESS	7621 HANCOCK Rd.
CITY-ST-ZIP	~~HIALEAH FL~~	6.4 CITY-ST-ZIP	DAVIE, FL. 33330

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)(i), 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 address.

SIGNATURE: George P. Webster George P. Webster 1/16/95 3052355366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047840