

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # N09204
1. Entity Name
ROAD KNIGHTS OF SOUTH FLORIDA, INC.

Principal Place of Business: **1906 N. DIXIE HWY
HOLLYWOOD FL 33020**
Mailing Address: **12301 N.W. 23RD CT
PLANTATION FL 33323**



2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

1st MOORE CR2E037 (10/06)
4. FEI Number: **59-2674588**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WEBER, HOWARD
1906 N. DIXIE HWY
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD WEBER, HOWARD 12301 N.W. 23RD CT PLANTATION FL 33323 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VPD RUDD, DANIEL 27560 LANYARD ST. BOCA RATON FL 33428 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D KUSHNER, ALVIN 2159 NW 63RD AVE MARGATE FL 33363 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D WEBER, JUDY 12301 N.W. 23RD CT PLANTATION FL 33323 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D FRECH, RALPH 191 S.W. 66TH CT. FT. LAUDERDALE FL 33307 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000594704 01/23/07-80010-009 61.25 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 1/18/07 954-922-0126