

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769156

Entity Name: BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV, INC.**FILED**
Jan 12, 2016
Secretary of State
CC4406007873**Current Principal Place of Business:**5506 ROOSEVELT ST
HOLLYWOOD, FL 33021**Current Mailing Address:**5506 ROOSEVELT ST
HOLLYWOOD, FL 33021 US**FEI Number: 22-3212599****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SOLEN, WILLIAM
5506 ROOSEVELT STREET
HOLLYWOOD, FL 33021 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	PRESIDENT
Name	SOLEN, WILLIAM
Address	5506 ROOSEVELT ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	VP
Name	ROSS, JEFFERY
Address	63 NE 117 ST
City-State-Zip:	MIAMI FL 33161

Title	SECRETARY
Name	IPPOLITO, RICHARD
Address	123 NW 13 STREET #304-11
City-State-Zip:	BOCA RATON FL 33432

Title	TREASURER
Name	DELGADO, RAFAEL
Address	16736 NW 14 CT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	SWIRSKY, JACK
Address	1371 NW 154 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	MAROTTA, PETE
Address	1646 AMHERST DR
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	BRUNSON, MICHAEL
Address	1004 SIESTA AVE
City-State-Zip:	BOYNTON BCH FL 33426

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: WILLIAM SOLEN**PRESIDENT****01/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date