

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769156

Entity Name: BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV, INC.**FILED**
Jan 15, 2020
Secretary of State
0015392180CC**Current Principal Place of Business:**6162 SW 3 STREET
MARGATE, FL 33068**Current Mailing Address:**6162 SW 3 STREET
MARGATE, FL 33068 US**FEI Number: 22-3212599****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILSTEIN, LEE
6162 SW 3 STREET
MARGATE, FL 33068 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: LEE MILSTEIN****01/15/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name MILSTEIN, LEE
Address 6162 SW 3 STREET
City-State-Zip: MARGATE FL 33068**Title** VP
Name DELCASTILLO, JUAN
Address 9400 NW 42 STREET
City-State-Zip: CORAL SPRINGS FL 33065**Title** SECRETARY
Name CRUZ, ERIK
Address 401 NW 2 AVENUE
City-State-Zip: MIAMI FL 33128**Title** TREASURER
Name DELGADO, RAFAEL
Address 1400 W COMMERCIAL BLVD.
City-State-Zip: FT. LAUDERDALE, FL 33309**Title** DIRECTOR
Name IPPOLITO, RICHARD
Address 123 NW 13 STREET
#304-11
City-State-Zip: BOCA RATON FL 33432**Title** DIRECTOR
Name GREEN, RICHARD
Address 9091 LIME BAY BLVD.
201
City-State-Zip: TAMARAC FL 33321**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: ERIK CRUZ**SECRETARY****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date