

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001408

Entity Name: BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER XXI,
INC.**FILED**
Mar 12, 2017
Secretary of State
CC6173088690**Current Principal Place of Business:**331 NEEDLES TRAIL
LONGWOOD, FL 32779**Current Mailing Address:**P O BOX 522163
LONGWOOD, FL 32752**FEI Number: 20-1103884****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DONNELLY, WILLIAM
331 NEEDLES TRAIL
LONGWOOD, FL 32779 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	VP	Title	SECRETARY
Name	STAGG, PHILLIP VP	Name	DONNELLY, WILLIAM
Address	1760 PENNINGTON AVE,	Address	331 NEEDLES TRAIL
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	LONGWOOD FL 32779
Title	PRESIDENT	Title	TREASURER
Name	THOMAS, JOSEPH	Name	DONNELLY, WILLIAM
Address	1711 WYANDDOTTE TRAIL	Address	331 NEEDLES TRAIL
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	LONGWOOD FL 32779
Title	D	Title	D
Name	JOHNSON, CASPER	Name	GESSNER, JOHN
Address	7640 VILLAGE GREEN DR.	Address	5140 TWINE ST
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	ORLANDO FL 32821
Title	DIRECTOR		
Name	DONOHUE, ROBERT		
Address	754 SHROPSHIRE LOOP		
City-State-Zip:	SANFORD FL 32771		

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 DONNELLY**SECRETARY****03/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date