

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002150

**Entity Name:** BLUE KNIGHTS COPSRUN INC.**Current Principal Place of Business:**352 BLACKBURN BLVD  
NORTH PORT, FL 34287**Current Mailing Address:**P.O. BOX 732  
OTISVILLE, NY 10963**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELROSSI, RICHARD JR.  
352 BLACKBURN BLVD  
NORTH PORT, FL 34287 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	CEO
Name	DELROSSI, RICHARD JR
Address	352 BLACKBURN BLVD
City-State-Zip:	NORTH PORT FL 34287

Title	P
Name	HARPER, RUSSELL
Address	7 PALMER AVE
City-State-Zip:	CROTON NY 10520

Title	TREA
Name	COOK, ELIZABETH
Address	33 GUYMARD TPKE
City-State-Zip:	MIDDLETOWN NY 10940

Title	VP
Name	COOK, ELIZABETH
Address	33 GUYMARD TPKE
City-State-Zip:	MIDDLETOWN NY 10940

Title	SEC
Name	MCCORMACK, BOB
Address	66 MELBOURNE STREET
City-State-Zip:	PORTLAND ME 04101

*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:** ELIZABETH COOK

VP/TREASURER

06/12/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date