## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

739542

(9)

## BLUE KNIGHTS' LAW ENFORCEMENT MOTORCYCLE CLUB, F LORIDA CHAPTER II, INC.

Principal Place of Business		Mailing Address			- 1 180111 10000 1/11/0 10101 0/1/1 01010 1101 01017 <del>0</del> /10/1 010/1 010/1 010/1 010/1 010/1			
1845-13 AVE N PO BOX 12274 ST. PETERSBURG FL 33713 US		1845-13 AVE. N. P.O. BOX 12274 ST. PETERSBURG FL 33713 US						
				3. Date Incorporated or Qualified 07/01/1977	3a. Date of t 01/3	Last Report 0/1995		
2. Principal Place of Business		2a. Mailing Address	k		EO 0001000		Applied For	
21			26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 6	3.75 Additional Fee Required	
City & State	!	City & State			6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Ziρ	Country	Zip	Country		8. This corporation has liability for in		er s. 199.032,	
24	25   9. Name and Address of Curr	29 ent Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No		
	5. Name and Address of Call	ent negistered Agent	81	Name	10. Name and Address of New Ac	gistered Agent	1	
SHERMAN, FRED J.								
	CH STREET N.E.		82	Street	Address P.O. Box Number is Not Acceptable	ð)		
ST. PETE	ERSBURG FL 33703		83					
			84	City		85	Zip Gode	
44 Danisanti	o the provision of Continue C17 OF	00   017   500   51- 11- 01-11-		L.,		<u> </u>	<u> </u>	
or register	o the provisions of Sections 617.05 and agent, or both, in the State of Fix	02 and 617.1508, Florida Stalute orida. Such change was authorize	s, the above-r of by the corp	named co oration s	orporation submits this statement for the purp board of directors. I hereby accept the appo	iose of changing intrient as regist	its registered office ered agent. I am	
	h, and accept the obligations of, Se				00			
SIGNATURE _	Fred J. Sherma Signature, typed or printed name of registered ag	n, President extandithe Papphilable (NO)	IE Registered Ager	it signature r	required who i remishing!	arch_199	9.6	
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CLAS AND DIRE	CTORS IN 12	
TIFLE	P	DELETE	1.1 TITLE			Chai	inge 🔲 Addition	
NAME	Sherman, Fred J.		1.2 NAME					
STREET ADORESS	4169 52 AVENUE S.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - S	1 - 7IF				
TITLE	DVP	DELETE	21 TITLE			Cha	inge 🔲 Addition	
NAME :	VANDEYMARK, EDWARD		2.2 NAME					
STREET ADDRESS	4122-36 AVE N		2 3 STREET	ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL		2 4 CITY - S	ST-ZIP				
TITLE	ST STANDARD	<b>⊠</b> DELETE	3 1 TITLE		Secretary	Cha:	inge 🔲 Addition	
NAME	CANNON, RICHARD		3.2 NAME		John B. Siegel	Λ		
STREET ADORESS	185 RAMON WAY N.E.		3 3 STREET	ADDRESS	3790 - 44 Avenue n	•		
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	3 4. C(TY - 5	ST - ZIP	St.Petersburg,Fl.			
TITLE NAME	d Chandler, Norm		4.1 100 6			☐ Cha	inge 🔲 Addition	
	94 PELICAN DR. N.		4 2 NAME	LODOSOO				
STREET ADDRESS CITY-ST-ZIP	OLDSMAR FL		4.3 STREET					
TITLE	D	TDELETE	4.4 CITY - S 5.1 TITLE	I - ZIF		Cha-	inge Addition	
NAME	CORBET, STEVE	<u></u>	5.2 NAMÉ			ona	.a. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STREET ADDRESS	4310 56 ST NO		5 3 STREET	ADDRESS				
CITY - ST - ZIP	KENNETH CITY FL		5 4 CITY - S					
TITLE	D	<b>₹X</b> 0£L£TE	6 1 TITLE	E	D	<b>□X</b> Cha:	nge 🔲 Addition	
NAME	VAN DYKE, JACK		6.2 NAME		Donald Pike	_		
STREET ADDRESS	4169 52 AVE. S.		6 3 STREE I	ADORESS	536-52 Avenue B	F		
CITY - ST - ZIP	ST. PETERSBURG FL		6 4 CHY-S	1 - ZIF	536-53 Avenue E L Brandton Fl	-5		
14. I do hereb	y certify that the information supplie	d with this filing is voluntarily furni	shed and doe	s not qua	alify for the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further	
certify that the information indicated on this annual report or supplemental annual 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 with corporation or the resciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an affact from the address.								
appears in Block 12 or Block 13 Changed, or on an affact of the high an address.								

**SIGNATURE:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 March 1996

813-525-3479

Daytime Phone #