

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90244 048 ****70.00

0053850

DOCUMENT # **739542**

1. Corporation Name

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

Principal Place of Business

1845-13 AVE N
PO BOX 12274
ST. PETERSBURG FL 33713
US

Mailing Address

1845-13 AVE. N.
P.O. BOX 12274
ST. PETERSBURG FL 33713
US

210602 - 90244 - 40

18



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

07/01/1977

4. FEI Number

59-2361229

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SHERMAN, FRED J.
STREET ADDRESS 6050 FOCH ST N E
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE DVP ☐ DELETE

NAME VANDEYMARK, EDWARD
STREET ADDRESS 4122-36 AVE N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ST ☐ DELETE

NAME SIEGEL, JOHN B.
STREET ADDRESS 3790 - 44 AVENUE N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME CHANDLER, NORM
STREET ADDRESS 94 PELICAN DR. N.
CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ DELETE

NAME CORBET, STEVE
STREET ADDRESS 4310 56 ST NO
CITY-ST-ZIP KENNETH CITY FL

TITLE D ☐ DELETE

NAME VANDEYMARK, EDWARD
STREET ADDRESS 4122 36 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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 in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 MARCH 99 727-821-3343

CR2E037 (11/98)