

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90019 015 ****70.00

DOCUMENT # 739542

1. Entity Name

**BLUE KNIGHTS' LAW ENFORCEMENT MOTORCYCLE
CLUB, FLORIDA 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**

2. Principal Place of Business

3. Mailing Address

6050 Foch Street N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, Fl.

Zip

Country

Zip

33703-1625

Country

US

4. FEI Number

59-2361229

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

**SHERMAN, FRED J.
6050 FOCH STREET NE
SAINT PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Fred J. Sherman**

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

(NOTE: Registered Agent signature required when reinstating)

07/27/04

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHERMAN, FRED**
STREET ADDRESS **6050 FOCH STREET NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **DVP** ☐ Delete
NAME **VANDEYMARK, ED**
STREET ADDRESS **4122 36 AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **ST** ☒ Delete
NAME **SIEGEL, JACK**
STREET ADDRESS **16739 SHIRLA RAY DR**
CITY-ST-ZIP **SPRING HILL FL 34610**

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 **HEDRICK, WARREN**
STREET ADDRESS **10308 TANGELO ROAD**
CITY-ST-ZIP **SEMINOLE FL 34642**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **GRALOW, Bruce B.**
CITY-ST-ZIP **8415 Kumquat Avenue
Seminole, Fl. 34647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Fred J. Sherman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/04

Date

727-821-3343

Daytime Phone #