

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 739542

1. Entity Name

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



Principal Place of Business

Mailing Address

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

**6050 FOCH STREET N.E.
SAINT PETERSBURG FL 33703-1625
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2361229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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: Not stored. Agency shall verify if used when re-registering)

25 Jan 2008

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **U00000801518**
STREET ADDRESS **02/01/08-80022-008 61.25**
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 ☐ Delete
NAME **D**
STREET ADDRESS **GERRETZ, JOSEPH H**
CITY-ST-ZIP **13914-80 AVE
SEMINOLE FL 34646**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CORBET, STEVE**
CITY-ST-ZIP **4310 56 ST NO
KENNETH CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HEDRICK, WARREN**
CITY-ST-ZIP **10308 TANGELO ROAD
SEMINOLE FL 34642**

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 exemptions contained in Section 119, 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

1/25/08 727-821-3343