

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000630

FILED
Apr 23, 2007
Secretary of State

Entity Name: BLUE KNIGHTS INTERNATIONAL LAW ENFORCEMENT MOTORCYCLE CLUB, FLORIDA IX CHAPTER, INC.

Current Principal Place of Business:

2229LIVE OAK DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15205
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 57-8486776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY, CLARA
2229LIVE OAK DRIVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINSHAW, DAVID
Address: 4652 BEACON LIGHT ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: V () Delete
Name: LEWIS, LARRY
Address: 6223 SHORELINE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: HAYCOCK, CHARLES
Address: 2301 MELONIE TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32128

Title: T () Delete
Name: HAYCOCK, CHARLES
Address: 2301 MELONIE TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32128

Title: D () Delete
Name: ALBRIGHT, CRAIG
Address: 3 ARROWHEAD DRIVE
City-St-Zip: ORMOND BEACH, FL 32074

Title: D () Delete
Name: ANDRE, RUDY
Address: 1744 SOUTH FLAGLER AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID HINSHAW

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date