

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000630

FILED  
Feb 17, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2229 LIVE OAK DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1693  
FLAGLER BEACH, FL 32136 US

**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  
2229 LIVE 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:** PRES  
**Name:** JOSEPH, ROBINSON  
**Address:** 2414 VISTA PALM DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** VP  
**Name:** RAMOS, VICTOR  
**Address:** 5432 FREDERICK LAKE DRIVE  
**City-St-Zip:** PORT ORNAGE, FL 32128 US

**Title:** S&T  
**Name:** ANDRE, RUDY  
**Address:** 1744 SOUTH FLAGLER AVE.  
**City-St-Zip:** FLAGLER BEACH, FL 32136 US

**Title:** DIR  
**Name:** COOPER, GLENN  
**Address:** 4081 CAMPA LN  
**City-St-Zip:** ORMOND BEACH, FL FL 32174 US

**Title:** DIR  
**Name:** HAYCOCK, CHARLIE  
**Address:** 2301 MEMONIE TRAIL  
**City-St-Zip:** NEW SMYRNA, FL 32168 US

**Title:** DIR  
**Name:** CASEY, MCDEVITT  
**Address:** 47 CIRCLE CREEK WAY  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

I hereby 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 all other like empowered.

SIGNATURE: RUDY ANDRE

S&T

02/17/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date