

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N01000001408**

1. Entity Name  
**BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA  
CHAPTER XXI, INC.**



Principal Place of Business

P O BOX 522163  
LONGWOOD, FL 32752

Mailing Address

P O BOX 522163  
LONGWOOD, FL 32752

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**20-1103884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**DONNELLY, WILLIAM  
331 NEEDLES TRAIL  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

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

*W/D*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DIVVER, JOSEPH
STREET ADDRESS	615 CHELSEA RD
CITY-ST-ZIP	LONGWOOD, FL 34750
TITLE	VP
NAME	STAGG, PHIL
STREET ADDRESS	1760 PENNINGTON AVE.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	S
NAME	DONNELLY, WILLIAM
STREET ADDRESS	331 NEEDLES TRAIL
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	T
NAME	PELAEZ, GILBERTO
STREET ADDRESS	14138 MASTWOOD WAY
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	D
NAME	ASHWOOD, CARLOS
STREET ADDRESS	510 HUFFORD DR.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	AMBROSE, FRANK
STREET ADDRESS	277 TOLLGATE TRAIL
CITY-ST-ZIP	LONGWOOD, FL 32750

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01/13/06-80022-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*William Donnelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-6-06*  
Date

*407-869-6290*  
Daytime Phone #