

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001408

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

331 NEEDLES TRAIL
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P O BOX 522163
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 20-1103884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNELLY, WILLIAM
331 NEEDLES TRAIL
LONGWOOD, FL 32779 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: PELAEZ, GILBERTO
Address: 14138 MASTWOOD WAY
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: PASQUOT, ERNIE
Address: 5620 CHIPOLA CIR.
City-St-Zip: ORLANDO, FL 32839

Title: S () Delete
Name: DONNELLY, WILLIAM
Address: 331 NEEDLES TRL
City-St-Zip: LONDGWOOD, FL 32779

Title: T () Delete
Name: ASHWOOD, CARLOS
Address: 510 HUFFORD DR.
City-St-Zip: DEBARRY, FL 32713

Title: D () Delete
Name: AMBROSE, FRANK
Address: 277 TOLLGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: JOHNS, WARREN
Address: 715 E. ANDERSON RD.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PASQUOT, ERNIE
Address: 5620 CHIPOLA CIRCLE
City-St-Zip: ORLANDO, FL 32839

Title: VP (X) Change () Addition
Name: JOHNS, WARREN
Address: 715 E. ANDERSON RD..
City-St-Zip: GROVELAND, FL 3234736

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

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

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

Title: D (X) Change () Addition
Name: DIVVER, JOSEPH
Address: 615 CHELSEA RD.
City-St-Zip: LONGWOOD, FL 34750

I hereby certify that the information supplied with this filing does not qualify 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: DONNELLY, WILLIAM

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date