

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001408

FILED
Feb 16, 2010
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
Name: PASQUOT, ERNIE
Address: 5620 CHIPOLA CIRCLE
City-St-Zip: ORLANDO, FL 32839

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

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

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

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

Title: D
Name: DIWVER, JOSEPH
Address: 615 CHELSEA RD.
City-St-Zip: LONGWOOD, FL 34750

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: WILLIAM DONNELLY

S

02/16/2010

Electronic Signature of Signing Officer or Director

Date