

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001408

FILED  
Mar 09, 2011  
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: VP  
Name: PASQUOT, ERNIE  
Address: 5620 CHIPOLA CIRCLE  
City-St-Zip: ORLANDO, FL 32839

Title: P  
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: DIWER, 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

SEC

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date