


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90052 002 ****61.25

DOCUMENT # N04000000122
 1. Entity Name
BLUE KNIGHTS LAW ENFORCEMENT MOTORCYCLE CLUB INC. FLORIDA CHAPTER XVIIII



Principal Place of Business Mailing Address
 P.O. BOX 14081 P.O. BOX 14081
 SARASOTA FL 34278 SARASOTA FL 34278

50017321



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
3872 MIRA LAGO DR. 3872 MIRA LAGO DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA, FL. SARASOTA, FL.

Zip Country Zip Country
34238 USA 34238 USA

4. FEI Number 33-1080941 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITTER, GERARD
 3533 GOCIO RD.
 SARASOTA FL 34235

Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	RITTER, GERARD	
STREET ADDRESS	3533 GOCIO RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VIAL, HENRY	
STREET ADDRESS	2601 GULF DR. N., #632	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARMENTER, DIANE	
STREET ADDRESS	2216 68TH DR EAST	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIAMPINO, RAY	
STREET ADDRESS	5064 SOUTHERN PINE RD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLERMAN, JOSEPH	
STREET ADDRESS	7019 8TH CT. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, LEWIS	
STREET ADDRESS	P.O. BOX 5944	
CITY-ST-ZIP	SARASOTA FL 34217	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE-PRESIDENT	
STREET ADDRESS	SID JONES	
CITY-ST-ZIP	2216 68TH DR. EAST ELLENTON, FL. 34222	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	ANTHONY MARONE	
CITY-ST-ZIP	3872 MIRA LAGO DRIVE SARASOTA FL. 34238	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARGANT-AT-ARMS, DIRECTOR	
STREET ADDRESS	ARTHUR WRIGHT	
CITY-ST-ZIP	5205 CREEKSIDE TRAIL SARASOTA FL. 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	DARIO VALENTE	
CITY-ST-ZIP	6153 ROCKEFELLER AVE. SARASOTA, FL. 34231	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN PEARSON - DIRECTOR	
STREET ADDRESS	911 133RD ST. EAST	
CITY-ST-ZIP	BRADENTON, FL. 34212	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	RICHARD FARRINGTON	
CITY-ST-ZIP	6450 TRAILFEATHER WAY BRADENTON, FL. 34203	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anthony Marone* ANTHONY MARONE 2/15/05 (941)915-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #