

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000122

FILED
Feb 04, 2009
Secretary of State

Entity Name: BLUE KNIGHTS LAW ENFORCEMENT MOTORCYCLE CLUB INC. FLORIDA CHAPTER XVIII

Current Principal Place of Business:

3872 MIRA LAGO DR
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

3872 MIRA LAGO DR
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 33-1080941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAC CONNELL, RORY
6924 STETSON ST. CIRCLE
SARASOTA, FL 34243 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: MAC CONNELL, RORY
Address: 6924 STETSON ST. CIRCLE
City-St-Zip: SARASOTA, FL 34243 US

Title: V () Delete
Name: ROWE, CHARLES
Address: 15202 FRUITVILLE RD.
City-St-Zip: SARASOTA, FL 34240

Title: ST () Delete
Name: GOODWIN, ALTON
Address: 40711 11TH AVE. EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: T () Delete
Name: MARONE, ANTHONY
Address: 3872 MIRA LAGO DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: GROTZ, ROBERT
Address: 6734 CARLYLE LANE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: JONES, SID
Address: 2216 68TH DRIVE EAST
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: WRIGHT, ARTHUR
Address: 5205 CREEKSIDE TRAIL
City-St-Zip: SARASOTA, FL 34243

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

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

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

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: ANTHONY MARONE

TREA

02/04/2009

Electronic Signature of Signing Officer or Director

Date