

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000003533**

**1. Entity Name**  
**NAM KNIGHTS OF AMERICA MC SOUTHWEST CHAPTER  
INC.**



**Principal Place of Business**  
**5840 DENISON DR.**  
**VENICE, FL 34293**

**Mailing Address**  
**5840 DENISON DR.**  
**VENICE, FL 34293**



01142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 30-0243746	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**COUIELLO, MIKE**  
**6023 26TH ST. W. #135**  
**BRADENTON, FL 34207**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000701584  
04/20/07-80062-022 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>BATCHELOR, THOMAS J</b>
<b>STREET ADDRESS</b>	<b>5840 DENISON DR.</b>
<b>CITY-ST-ZIP</b>	<b>VENICE, FL 34293</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>BILLITERI, FRANK</b>
<b>STREET ADDRESS</b>	<b>5146 OLD ASHWOOD DR</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34233</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>ROBBERT, NEIL</b>
<b>STREET ADDRESS</b>	<b>2907 PARROT ST.</b>
<b>CITY-ST-ZIP</b>	<b>NORTH PORT, FL 34287</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>LUPO, RON</b>
<b>STREET ADDRESS</b>	<b>4771 ARGONAUT RD</b>
<b>CITY-ST-ZIP</b>	<b>VENICE, FL 34293</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>RITZER, STEVE</b>
<b>STREET ADDRESS</b>	<b>933 CHEVY CHASE LT NW</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33948</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Thomas J Batchelor* **Thomas J Batchelor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/07* **4/6/07** *941-493-6229*  
Date Daytime Phone #