

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003533

FILED  
Jan 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5840 DENISON DR.  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

5840 DENISON DR.  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 30-0243746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COUIELLO, MIKE  
6023 26TH ST. W. #135  
BRADENTON, FL 34207 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: PD ( ) Delete  
Name: BATCHELOR, THOMAS J  
Address: 5840 DENISON DR.  
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Delete  
Name: SALVATORE, CRIMI  
Address: 80 GREEN DOLPHIN DR  
City-St-Zip: PLACIDA, FL 33946

Title: SD ( ) Delete  
Name: WISE, DANIEL  
Address: 1380 EWING ST  
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete  
Name: LUPO, RON  
Address: 4771 ARGONAUT RD  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: RITZER, STEVE  
Address: 933 CHEVY CHASE LT NW  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MASSON, WILLIAM  
Address: 6373 ABDELLA LANE  
City-St-Zip: NORTH PORT, FL 34286

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

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

Title: SA (X) Change ( ) Addition  
Name: CUMMINS, WAYNE  
Address: 1425 WOODLAND AVE  
City-St-Zip: PUNTA GORDA, FL 33950

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: THOMAS J BATCHELOR

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01/10/2009

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

\_\_\_\_\_  
Date