

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009613

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

12219 REEDPOND DRIVE WEST
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12219 REEDPOND DRIVE WEST
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 91-2154739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, CHARLES E
5040 DATIL PEPPER ROAD
ST. AUGUSTINE, FL 320865690 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: GILPIN, CHARLES D
Address: 12219 REEDPOND DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: MATUSE, TONY
Address: 1412 HEATHER COURT
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: BOWSER, ARMANDO
Address: 1239 JAMAICA COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: S (X) Delete
Name: BAKER, MATTHES
Address: 2111 PARK FOREST COURT
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHARLES D. GILPIN

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date