

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009613

FILED  
Jan 14, 2009  
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:**

GONZALEZ, MANUEL  
632 EAST DEVONHURST LANE  
ST. AUGUSTINE, FL 32095 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: SOWARDS, STEVE  
Address: 12568 REEDING RIDGE DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete  
Name: RIDGWAY, ROBERT  
Address: 10659 GRAYSON COURT  
City-St-Zip: JACKSONVILLE, FL 32220

**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:

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 GILPIN

P

01/14/2009

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

\_\_\_\_\_  
Date