2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPESFOR FRONTED HAME OF SIGNANG OFFICER OR DIRECTOR

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # N06000008205 04-18-2007 90162 023 ****61.25 BLUÉ KNIGHTS INTERNATIONAL LAW ENFORCMENT MOTORCYCLE CLUB, FLORIDA CHAPTER XXVII, INC. Principal Place of Business Mailing Address ONE POLICE PL P.O.BOX 385 PLANT CITY, FL 33566 PLANT CITY, FL 33564 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #. etc. 04092007 Chg-NP CR2E037 (12/06) 4. FEI Number 26-00769 63 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGAU, BRYAN Street Address (P.O. Box Number is Not Acceptable) ONE POLICE PL PLANT CITY, FL 33566 City Zip Code FL. 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 DATE Signature, typed or printed name of regustered agent and title if applicable (NOTE: Registered Agent agressure required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filling Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE MCDANIEL, BILL NAME NAME ONE POLICE PL STREET ADORESS STREET ADORESS CTTY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-7P DV Delete ☐ Change Addition SHULTZ, JAMES NAME NAME STREET ADDRESS ONE POLICE PL STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-7P CITY-ST-7P 0T/DS TITLE ☐ Delete THE ☐ Change Addition M BRYAN BERGAL NAME **BERGAU, BRYAN** NAME STREET ADDRESS ONE POLICE PL STREET ADDRESS PLANT CITY FI 33566 CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-7IP വട TITLE Delete TITLE ☐ Change Addition DANIEL, ERIC NAME NAME STREET ADDRESS ONE POLICE PL STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WARNELL RICK chad RADER NAME NAME STREET ADDRESS ONE POLICE PL STREET ADDRESS ONE POlice Pl PLANT CITY, FI 33566 CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition **ECKARD, TRENT** NAME STREET ADDRESS STREET ADDRESS ONE POLICE PL PLANT CITY, FL 33566 CITY-ST-ZIP 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.

FILED

813-707-2274

Destroe Phone #