2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

01-11-2008 90030 050 ****61.25

DOC	JMEN ⁻	Τ#	NOGO	በበበበ	18205
	$J[V] \perp [V]$	1 77	INOUU	vvv	$0 \leq 0 \cup$



1. Entity Name **BLUE KNIGHTS INTERNATIONAL LAW ENFORCMENT** MOTORCYCLE CLUB, FLORIDA CHAPTER XXVII, INC. 4 U U V -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. 01072008 Chg-NP CR2E037 (12/06) 4. FEI Number 26-0076963 City & State City & State Applied For Not Applicable Zip Country \$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 ONE POLICE PL Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33566 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 🕾 🧇 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 🖬 Delete TITLE 🔀 Change TITLE ☐ Addition MONKOE, GIENN MCDANIEL, BILL 3311 INNISBROOK DR STREET ADDRESS STREET ADDRESS ONE POLICE PL LAKelAND FI 33810 CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP DV DV TITLE Defete TITLE ☐ Change ☐ Addition WATKINS, JAMES SHULTZ, JAMES NAME NAME one Police Place STREET ADDRESS ONE POLICE PL STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP Plant city F1 33566 DTS TITLE ☐ Delete TITLE Change ☐ Addition Beilgau, Bilyan BERGAU, BRYAN NAME NAME one Police Place STREET ADDRESS ONE POLICE PL STREET ADDRESS PINUT CITY FI 33566 PLANT CITY, FL 33566 CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE RADER, CHAD NAME STREET ADDRESS ONE POLICE PL STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP M Change ☐ Addition TITLE Delete molkis, FRed ECKARD, TRENT NAME ove police pince STREET ADDRESS ONE POLICE PL STREET ADDRESS Plant city FI PLANT CITY, FL 33566 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition SIMS, JOC NAME NAME 1305 N. BARNES ST STREET ADDRESS STREET ADDRESS PLANT CITY F1 33516 CITY-ST-7IP CITY-ST-7(P)

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.

Real Properties

**Real Properties

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N06000008205 1. Entity Name BLUE KNIGHTS INTERNATIONAL LAW ENFORCMENT MOTORCYCLE CLUB, FLORIDA CHAPTER XXVII, INC.								ai CIA I				
ONE POLICE PL P.O.80)		Address OX 385 T CITY, FL 33564			.,,							
Principal Place of Business - No P.O. Box #					4000	09	75					
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01072008 C	hg-NP	CR2E037 (1)	2/06)			
City & State			City & State			4. FEI Number 26-0076963		J	plied For Applicable			
Zìp		Country		Zip Cou			5. Certificate of S		Fee F	75 Addi Required		
	6. Name	and Address of Curre	nt Registere	d Agent	Name	7. Name and Address of New Registered Agent Name						
BERGAU, BRYAN ONE POLICE PL PLANT CITY, FL 33566				Street Address (P.O. Box Number is Not Acceptable)								
1 15 ((1) 5)	11,12 000	,00										
					City	City FL Zip Code						
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. am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Filing Fee is \$61.25 9. Election Campaign Fin. Due by May 1, 2008 Trust Fund Contribution						·	\$5.00 May Be Added to Fees		Make check pay			
10.		OFFICERS AND	DIRECTORS		11,		ADDITIONS/CHANG					
TITLE	DP	01110211071110		☐ Delete	TITLE	<u> </u>		20 10 01110		Change	Addition	
NAME STREET ADDRESS	MCDANIEI ONE POLI	·		NAME CTREET ADDRESS	,							
CITY-ST-ZIP		CE FL TY, FL 33566			STREET ADDRES CITY - ST - ZiP							
TITLE	DV			☐ Delete	TITLE		•			Change	Addition	
NAME	SHULTZ, J	•		NAME OTREST ADDRESS	,							
STREET ADDRESS CITY-ST-ZIP		TY, FL 33566			STREET ADDRES CITY-ST-ZIP	•						
TITLE	DTS			☐ Defete	TITLE	1				Change	Addition	
NAME STREET ADDRESS	l .			NAME STREET ADDRES								
CITY-ST-ZIP	ľ				CITY-ST-ZIP	`					Ì	
THTLE	D			☐ Delete	TITLE			• •		Change	Addition	
NAME	RADER, C				NAME	,						
STREET ADDRESS CITY-ST-ZIP	ONE POLI	Y, FL 33566			STREET ADDRES CITY-ST-ZIP	•						
TITLE	D			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	ONE POLI				NAME STREET ADDRES							
CITY-ST-ZIP		TY, FL 33566			CITY-ST-ZIP	1						
TITLE				☐ Delete	TITLE	5		······································		Change	Addition	
NAME STREET ADDRESS					NAME STREET ADDRES	LAN	E, CALL	م د د				
CITY-ST-ZIP					CITY-ST-ZIP	PIA	NT CITY	F1 335	66			
12. I hereby certify that the information supplied with this filling 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 by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if												
SIGNATURE: 1/7/18/8 8/3957-3182												
SIGNAL	OKE:	BIGNATURE AND TYPED	DO DOINTED NAME	E OF BICHING OF THE OF	OIRECTOR		· · · · · · · · · · · · · · · · · · ·	Date		Phone #		

- ut 7-