2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006202

FILED Jul 11, 2009 Secretary of State

Entity Name: BLUE KNIGHTS - FLORIDA CHAPTER XXII, INC.

Current Principal Place of Business: New Principal Place of Business:

1769 E MOODY BLVD #3 BUNNELL, FL 32110

Current Mailing Address: New Mailing Address:

PO BOX 351311

PALM COAST, FL 321351311

FEI Number: 91-2069325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ORGAN, JOHN R
VARES, JAMES C
18 FERNHAM LANE
15 WATERMILL PLACE
PALM COAST FL 20164

PALM COAST, FL 32137 US PALM COAST, FL 32164 US

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: JAMES C VARES 07/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: CURRIE, GEORGE Name: VARES, JAMES C

 Name:
 CURRIE, GEORGE
 Name:
 VARES, JAMES C

 Address:
 17 LAKE SUCCESS PLACE
 Address:
 15 WATERMILL PLACE

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:
 PALM COAST, FL 32164

Title: DV () Delete Title: DV (X) Change () Addition Name: ORGAN, JOHN R Name: WILLIAMS, DAVID

Address: 18 FERNHAM LANE Address: 4 WINTERBERRY
City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32164

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 VAN BUREN, MIKE
 Name:
 WATKINS, GARY

 Address:
 PO BOX 353975
 Address:
 59 EDWARDS DRIVE

 City-St-Zip:
 PALM COAST, FL 32135
 City-St-Zip:
 PALM COAST, FL 32164

 Name:
 HOWE, JAMES
 Name:
 BROWN, DOUGLAS

 Address:
 43 RIPPLING BROOK DR
 Address:
 16 RIVERIA DRIVE

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:
 PALM COAST, FL 32164

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: JAMES C VARES DP 07/11/2009