

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000122

**Entity Name:** BLUE KNIGHTS LAW ENFORCEMENT MOTORCYCLE CLUB  
INC. FLORIDA CHAPTER XVIII

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**9763833265CC**

**Current Principal Place of Business:**

4464 MCINTOSH LAKE AVE.  
SARASOTA, FL 34233

**Current Mailing Address:**

PO BOX 2031  
SARASOTA, FL 34230 US

**FEI Number: 22-3388716**

**Certificate of Status Desired: No**

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

EMRICK, JOHN A.  
4464 MCINTOSH LAKE AVE  
SARASOTA, FL 34233 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: JOHN A. EMRICK**

**04/25/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GIBBONS, PATRICK  
Address        7426 EBRO ROAD  
City-State-Zip: ENGLEWOOD FL 34244

Title            DIRECTOR  
Name            DEAL, RICHARD  
Address        4210 65TH TERRACE EAST  
City-State-Zip: SARASOTA FL 34243

Title            TREASURER  
Name            EMRICK, JOHN  
Address        4464 MCINTOSH LAKE AVE.  
City-State-Zip: SARASOTA FL 34233

Title            DIRECTOR  
Name            CECCANECCHIO, DOMENIC E JR.  
Address        5008 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

Title            SERGEANT-AT-ARMS  
Name            POST, THOMAS  
Address        2405 21ST AVENUE W  
City-State-Zip: BRADENTON FL 34205

Title            DIRECTOR  
Name            SPADARO, VINCENT  
Address        3706 WOODCLIFF LAKE TERRACE  
City-State-Zip: SARASOTA FL 34243

Title            VP  
Name            MACCONNELL, RORY  
Address        6924 STETSON STREET  
City-State-Zip: SRASOTA FL 34243

Title            SECRETARY  
Name            RYAN, JAMES  
Address        2009 EAST DEL WEBB BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN A. EMRICK**

**TREASURER**

**04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date