## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 729557

## KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION IN CORPORATED OF LAKE WALES, FLORIDA

Principal Place of Business Mailing Address 2809 TINDEL CAMP RD 224 E BULLARD 3. Date Incorporated or Qualified LAKE WALES FL 33853 P.O. BOX 494 05/06/1974 LAKE WALES FL 33853-3741 Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #. etc. 8, Election Campaign Financing Added to Fees Trust Fund Contribution 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 26 23 Country 8. This corporation owes or has paid the current year (ntangible Zip Zip Country Yes Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CASE, ROY Street Address (P.O. Box Number is Not Acceptable) 82 2809 TINDEL CAMP RD 83 LAKE WALES FL 33853 Zip Code City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TD TITLE 1.2 NAME JESTICE, RALPH NAME 3579 JENNINGS RD. 1.3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE NAME **GRONDIN, DANIEL** 2.2 NAME STREET ADDRESS 216 E. POLK AVE. 2.3 STREET ADDRESS LAKE WALES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE KASPER, RICHARD 3.2 NAME NAME 230 CA LOOSA LK CIR N 3.3 STREET ADDRESS STREET ADORESS LAKE WALES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE MCKEON, MARK DR. 4. 2 NAME NAME 1327 SEMINOLE RD 4.3 STREET ADDRESS STREET ADDRESS **BABSON PARK FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME CASE, ROY NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

2809 TINDEL CAMP RD.

1043 ST. ANNE SHRINE

LAKE WALES FL

SMITH, RICHARD

LAKE WALES FL

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

941.439.6883

Change

Addition

**FILED** 

Mar 24 1998 8:00am

Secretary of State