


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90051 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729557

1. Corporation Name
KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION IN CORPORATED OF LAKE WALES, FLORIDA

Principal Place of Business 224 E BULLARD P.O. BOX 494 LAKE WALES FL 33853-3741	Mailing Address 2809 TINDEL CAMP RD LAKE WALES FL 33853
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/06/1974	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CASE, ROY
 2809 TINDEL CAMP RD
 LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JESTICE, RALPH	
STREET ADDRESS	3579 JENNINGS RD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRONDIN, DANIEL	
STREET ADDRESS	216 E. POLK AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KASPER, RICHARD	
STREET ADDRESS	230 CA LOOSA LK CIR N	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKEON, MARK DR.	
STREET ADDRESS	1327 SEMINOLE RD	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CASE, ROY	
STREET ADDRESS	2809 TINDEL CAMP RD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1043 ST. ANNE SHRINE	
CITY-ST-ZIP	LAKE WALES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD CHRIS STRICKER
3.3 STREET ADDRESS	550 BURNS AVE.
3.4 CITY-ST-ZIP	LAKE WALES FL 33853
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/23/99 941.439.6883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)