

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90064 017 ****61.25

0083200

DOCUMENT # 729557

1. Entity Name

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

Principal Place of Business

Mailing Address

**224 E BULLARD
 P.O. BOX 494
 LAKE WALES FL 33853-3741**

**2809 TINDEL CAMP RD
 LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

646 9TH ST. S.

646 9TH ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WALES FL

LAKE WALES FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33898

U.S.A.

33898

U.S.A.

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASE, ROY
 2809 TINDEL CAMP RD
 LAKE WALES FL 33853**

Name **CASE, ROY**
 Street Address (P.O. Box Number is Not Acceptable)

646 9TH ST. S.

City **LAKE WALES**

FL

Zip Code **33898**

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.

SIGNATURE

Roy Case

4/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	STRICKER, CHRIS	
STREET ADDRESS	550 BURNS AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	646 9TH ST S.	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED Roy R. Case 4/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE