

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90388 039 ****61.25



DOCUMENT # 729557
1. Entity Name
**KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION
INCORPORATED OF LAKE WALES, FLORIDA**

Principal Place of Business: **646 9TH ST. SOUTH
LAKE WALES FL 33853-4908**
Mailing Address: **646 9TH ST. SOUTH
LAKE WALES FL 33853-4908**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CASE, ROY
646 9TH ST. SOUTH
LAKE WALES FL 33853-4908**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: JESTICE, RALPH STREET ADDRESS: 3579 JENNINGS RD. CITY-ST-ZIP: LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 650 N. LAKE HOWARD DR CITY-ST-ZIP: WINTER HAVEN FL 33881	
TITLE: SD NAME: GRONDIN, DANIEL STREET ADDRESS: 216 E. POLK AVE. CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 1039 CAMPBELL AVE. CITY-ST-ZIP: LAKE WALES FL 33853	
TITLE: TD NAME: STRICKER, CHRIS STREET ADDRESS: 550 BURNS AVE CITY-ST-ZIP: LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 404 VALLEY CT. CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: VD NAME: MCKEON, MARK DR. STREET ADDRESS: 1327 SEMINOLE RD CITY-ST-ZIP: BABSON PARK FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: P NAME: CASE, ROY STREET ADDRESS: 646 9TH ST. SOUTH CITY-ST-ZIP: LAKE WALES FL 33853-4908	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: TD NAME: SMITH, RICHARD STREET ADDRESS: 1043 ST. ANNE SHRINE CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: LAKE WALES FL 33898	

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: Roy R. Case Roy R. Case 4/1/04 863.679.3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #