


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.
City & State		City & State
Zip	Country	Zip
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>



1st MOORE CR2E037 (10/06)

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

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007

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 GRONDIN, GARY	TITLE	
NAME	GRONDIN, GARY	NAME	
STREET ADDRESS	1043 ST ANNE SHRINE RD	STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33898	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD GRONDIN, DANIEL	TITLE	
NAME	GRONDIN, DANIEL	NAME	
STREET ADDRESS	1039 CAMPBELL AVE.	STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33853	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD STRICKER, CHRIS	TITLE	
NAME	STRICKER, CHRIS	NAME	
STREET ADDRESS	404 VALLEY CT.	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL 33884	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MCKEON, MARK DR.	TITLE	
NAME	MCKEON, MARK DR.	NAME	
STREET ADDRESS	1327 SEMINOLE RD	STREET ADDRESS	
CITY - ST - ZIP	BABSON PARK FL	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P CASE, ROY	TITLE	
NAME	CASE, ROY	NAME	
STREET ADDRESS	646 9TH ST. SOUTH	STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33853-4908	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD SMITH, RICHARD	TITLE	
NAME	SMITH, RICHARD	NAME	
STREET ADDRESS	1043 ST. ANNE SHRINE	STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33898	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000617086
02/07/07-80060-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 CASE ROY CASE 1/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR