


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90014 006 \*\*\*\*61.25

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

**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, 2008**

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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 R. Case* **ROY R. CASE** 2/19/08 863-676-1556