

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 729557

Entity Name: KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION INCORPORATED OF LAKE WALES, FLORIDA

Current Principal Place of Business:

646 9TH ST. SOUTH
LAKE WALES, FL 338534908

New Principal Place of Business:

Current Mailing Address:

646 9TH ST. SOUTH
LAKE WALES, FL 338534908

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASE, ROY
646 9TH ST. SOUTH
LAKE WALES, FL 338534908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRONDIN, GARY
Address: 1043 ST ANNE SHRINE RD
City-St-Zip: LAKE WALES, FL 33898

Title: SD () Delete
Name: GRONDIN, DANIEL,
Address: 1039 CAMPBELL AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: TD () Delete
Name: STRICKER, CHRIS
Address: 404 VALLEY CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: MCKEON, MARK DR.
Address: 1327 SEMINOLE RD
City-St-Zip: BABSON PARK, FL

Title: P () Delete
Name: CASE, ROY
Address: 646 9TH ST. SOUTH
City-St-Zip: LAKE WALES, FL 338534908

Title: TD () Delete
Name: SMITH, RICHARD,
Address: 1043 ST. ANNE SHRINE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY CASE

P

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date