

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90118 018 ****61.25

DOCUMENT # 729557

1. Entity Name
**KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION IN
CORPORATED OF LAKE WALES, FLORIDA**



Principal Place of Business Mailing Address
646 9TH ST. SOUTH 646 9TH ST. SOUTH
LAKE WALES FL ~~33998~~ LAKE WALES FL ~~33998~~
33853.4908 *33853.4908*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASE, ROY
646 9TH ST. SOUTH
LAKE WALES FL 33853

33853.4908

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 *Roy R. Case* *Roy R. Case* *3/26/03*
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 **\$5.00** May Be
Trust Fund Contribution. 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	<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	646 9TH ST. SOUTH	
CITY-ST-ZIP	LAKE WALES FL 33898 <i>33853.4908</i>	
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 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* *3/26/03* *863.4396583*

CR2E037 (10/02)