

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 18 PM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N47134 (4)

1. Corporation Name
SANTA MARIA CLUB, INC.

Principal Place of Business Mailing Address
**6455 SW STATE RD. 200
OCALA FL 34476
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1992	3a. Date of Last Report 04/25/1994
4. FEI Number 59-3114595	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent TONY, JOHN J 10355 SW 98 AVE OCALA FL 34481	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John J. Tony* (NOTE: Registered Agent signature required when reinstating) DATE: *April 12, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ZAMMIT, THEODORE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10510 SW 74 CT	CITY-ST-ZIP OCALA FL	1.2 NAME	
TITLE D	NAME GAGNER, JOSEPH H.	1.3 STREET ADDRESS	
STREET ADDRESS 8696 S. SW 88TH CT. RD.	CITY-ST-ZIP OCALA FL	1.4 CITY-ST-ZIP	
TITLE D	NAME MATTE, MICHAEL J.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4334 SW 148TH ST.	CITY-ST-ZIP OCALA FL	2.2 NAME	
TITLE DT	NAME MARGIOTTA, EUGENE A	2.3 STREET ADDRESS	
STREET ADDRESS 8173 SW 190TH PLACE	CITY-ST-ZIP OCALA FL	2.4 CITY-ST-ZIP	
TITLE D	NAME HENDLOWITCH, BERNARD W.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15115 SW 34TH CT.	CITY-ST-ZIP OCALA FL	3.2 NAME	D-5
TITLE D	NAME TONY, JOHN J.	3.3 STREET ADDRESS	Mr. Thomas Tippins
STREET ADDRESS 10355 SW 98TH AVE.	CITY-ST-ZIP OCALA FL	3.4 CITY-ST-ZIP	8386 SW 105th P1 Ocala, Fl 34481
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugene A. Margiotta* **EUGENE A. MARGIOTTA** 4/12/95 904-854-6954
DATE: _____ DAY/TIME / PHONE #



Knights of Columbus

SANTA MARIA CLUB, Inc.
P.O. Box 78011
Ocala, Florida 34481



N47134
Additional Officers As Of 7/1/94

D
Mr. William J. Cauchi, P.G.K.
7060 SW 80th St
Ocala, Fl 34476-7014

D
Mr. Robert A. Harper, P.G.K.
710 SW 26th St
Ocala, Fl 34474

D
Mr. Dominic A. Salerno, P.G.K.
5691 SW 56th Av
Ocala, Fl 34474

D
Mr. Charles R. Morawski
10811 SW 67th Ter
Ocala, Fl 34476

D
Mr. Anthony G. Latin, P.F.N.
10804 SW 57th Ter Rd
Ocala, Fl 34476-4701