

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002617

**Entity Name:** THE FLORIDA KNIFE COLLECTORS ASSOCIATION,  
INCORPORATED

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**4356953329CC**

**Current Principal Place of Business:**

100 S. HOLIDAY LN  
TITUSVILLE, FL 32796

**Current Mailing Address:**

100 S. HOLIDAY LN  
TITUSVILLE, FL 32796 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VENTO, MARIO D  
100 S. HOLIDAY LN  
TITUSVILLE, FL 32796 US

*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: MARIO D VENTO**

**03/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name VENTO, MARIO  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name BRIGANTE, ED  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER  
Name VENTO, MARIO D  
Address 100 S. HOLIDAY LN  
City-State-Zip: TITUSVILLE FL 32796

Title PRESIDENT  
Name GRUMBLEY, MIKE  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title SGT AT ARMS  
Name BONAVENTURA, DINO  
Address 43 OLSEN RD.  
City-State-Zip: COCOA FL 32927

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIO VENTO**

**SECRETARY**

**03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date