NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

DOCUMENT # 710623 (0)

KNIGHTS OF COLUMBUS BUILDING ASSOCIATION OF NEW SMYRNA, FLORIDA INC.

Mailing Address Principal Place of Business 516 SOUTH ORANGE AVENUE 516 SOUTH ORANGE AVENUE NEW SMYRNA BEACH FL 3216 NEW SMYRNA BEACH FL 3216 3a. Date of Last Report 3. Date Incorporated or Qualified 32168 32168° 02/06/1995 03/29/1966 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 93-0820067 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State  $\square$ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country  $Z\omega$ Zip Country Yes X No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) WOHLUST, LEE H 82 5303 SOUTH ATLANTIC AVE., #38 83 NEW SMYRNA BEACH FL 32169-4538 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes. Wohlers Signature typed or printed a INOTE: Registered Agrest signature required when recatabligh ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 113/TLE PD . TITLE (l 1.2 NAME WOHLUST, LEE H NAME 1.3 STREET ADDRESS 5303 SOUTH ATLANTIC AVE., #38 STREET ADDRESS 1 4 CITY - ST - ZIP NEW SMYRNA FL 32169-4538 CITY-ST-ZIP Change Addition DELETE 2.1 TIFLE TITLE VD 2.2 NAME SKOWRONSKI, JAMES W NAME **400 SEAGULL COURT** 2 3 STREET ADDRESS STREET AD 2 4 CHTY - ST - ZIP **EDGEWATER FL 32141** CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE VD. Decease 3.2 NAME WISNIEWSKI, JOSEPH J NAME 3 3 STREET ADDRESS 21 LAS PALMAS DRIVE STREET ADDRESS **EDGEWATER FL 32132** 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE VS -.D 3 4 2 NAME BELMONTE, VICTOR N. NAME 4.3 STREET ADDRESS 210 DUE EAST ST STREET ADDRESS 4.4 CITY - ST - ZIP **NEW SMYRNA BEACH FL 32169** CITY - ST - ZIP Addition 1000018777例i<sup>ange</sup> -06/27/96--01032--029 DELETE 5 1 TITLE TITLE 52 NAME NAME \*\*\*81.25 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE TITLE 62 NAME NAME

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)(k), 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 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 certify 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.

6.3 STREET ADORESS

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