FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

(96/6)

CR2E037

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710623

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

Principal Place of Business Mailing Address \$16 SOUTH ORANGE AVENUE 516 SOUTH ORANGE AVENUE IEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168-7319 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1966 06/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 93-0820067 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζiρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Z No olusia 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOHLUST, LEE H 82 Street Address (P.O. Box Number is Not Acceptable) 5303 SOUTH ATLANTIC AVE., #38 83 NEW SMYRNA BEACH FL 32169-4538 84 City 85 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.05(1). Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 1.1 TITLE PD Wohlust, Lee H NAME 1.2 NAME 5303 SOUTH ATLANTIC AVE., #38 1.3 STREET ADDRESS STREET ADDRESS NEW SMYRNA FL 32169-4538 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITI F 2.1 TITLE SKOWRONSKI, JAMES W NAME 2.2 NAME STREET ADDRESS **400 SEAGULL COURT** 2.3 STREET ADDRESS **EDGEWATER FL 32141** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE BELMONTE, VICTOR N. 3.2 NAME NAME 210 DUE EAST ST STREET ADDRESS 3.3 STREET ADDRESS NEW SMYRNA BEACH FL 32169 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TID F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 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.