

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711469

FILED
May 01, 2009
Secretary of State

Entity Name: K. OF C. COUNCIL HALL CLUB, INC.

Current Principal Place of Business:

270 CATALONIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

270 CATALONIA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-0724618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REMBOLD, SCOTT D
2121 PONCE DE LEON BLVD
720
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIERRA, MIGUEL J
Address: 5481 SW 64 PLACE
City-St-Zip: SOUTH MIAMI, FL 331556452

Title: VD () Delete
Name: VIVOLO, CARL W
Address: 4345 SW 5 TERRACE
City-St-Zip: MIAMI, FL 33134

Title: SD () Delete
Name: REMBOLD, SCOTT D
Address: 1119 ALMERIA AVE.
City-St-Zip: CORAL GABLES, FL 331345503

Title: TD () Delete
Name: HERNANDEZ, SAUL
Address: 29 ANTILLA AVE.
City-St-Zip: CORAL GABLES, FL 331342496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIGUEL J. SIERRA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date