

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90083 015 \*\*\*\*61.25

**DOCUMENT # 754039**

1. Corporation Name

**KNIGHTS OF THE ALTAR INTERNATIONAL, INC.**

Principal Place of Business

1512 DAWN HEIGHTS DRIVE  
LAKELAND FL 33801

Mailing Address

P.O. BOX 5476  
LAKELAND FL 33807



2. Principal Place of Business

21 **3117 HENDERSON Circle W.**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**09/04/1980**

4. FEI Number

**36-2754078**

Applied For

Not Applicable

City & State

23 **LAKELAND, FL**

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip Country

24 **33803** 25 **USA**

Zip Country

29 30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HUSSEY, MRS. GERALD**  
**601 IMPERIAL BOULEVARD**  
**SUITE 155**  
**LAKELAND FL 33803**

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

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **DESILVESTRO, JOSEPH D**  
STREET ADDRESS **460 ILLINOIS STREET**  
CITY-ST-ZIP **MARSEILLES IL**

TITLE **SD** ☐ DELETE  
NAME **HUSSEY, MRS. GERALD**  
STREET ADDRESS **601 IMPERIAL BLVD, #155**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE  
NAME **GAGLIANO, ANTHONY**  
STREET ADDRESS **2908 LAKEVIEW DRIVE**  
CITY-ST-ZIP **FERN PARK FL**

TITLE **D** ☐ DELETE  
NAME **SILVERESTRO, JOSEPH N**  
STREET ADDRESS **520 S GIBSON BLVD**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE  
NAME **BODOLAY, JOHN, S**  
STREET ADDRESS **6598 SWEETBRIAR LANE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE  
NAME **FABRITZE, DOROTHY S MSC**  
STREET ADDRESS **2811 MOYERS LN., PROVINCE CENTER**  
CITY-ST-ZIP **READING PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **De Silvestro, Joseph N.**  
4.4 CITY-ST-ZIP **3117 Henderson Circle W.**  
**Lakeland, FL 33803**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Joseph D. De Silvestro** **SIGNATURE REQUIRED** **DE SILVESTRO** **FEB. 28, 1999** **(815) 795-5086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)