

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754039</b> 1. Entity Name KNIGHTS OF THE ALTAR INTERNATIONAL, INC.	
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Principal Place of Business 3117 HENDERSON CIRCLE W. LAKE LAND, FL 33803	Mailing Address P.O. BOX 5476 LAKE LAND, FL 33807
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-2754078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent  HUSSEY, MRS. GERALD 601 IMPERIAL BOULEVARD SUITE 155 LAKE LAND, FL 33803	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD DESILVESTRO, JOSEPH D 460 ILLINOIS STREET MARSEILLES, IL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HUSSEY, MRS. GERALD 601 IMPERIAL BLVD, #155 LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GAGLIANO, ANTHONY 2908 LAKEVIEW DRIVE FERN PARK, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DESILVESTRO, JOSEPH N 3117 HENDERSON CIRCLE W LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BODOLAY, JOHN, S 6598 SWEETBRIAR LANE LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FABRITZE, DOROTHY S MSC 2811 MOYERS LN., PROVINCE CENTER READING, PA

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U00000114682  
04/15/04-80060-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joseph DeSilvestro* **Joseph DeSilvestro** 4-09-04 863-413-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #