

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 754039</b>                                   |  |
| 1. Entity Name<br>KNIGHTS OF THE ALTAR INTERNATIONAL, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>3117 HENDERSON CIRCLE W.<br>LAKELAND FL 33803 | Mailing Address<br>P.O. BOX 5476<br>LAKELAND FL 33807 |
|--|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/04)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HUSSEY, MRS. GERALD<br>601 IMPERIAL BOULEVARD<br>SUITE 155<br>LAKELAND FL 33803 |  |
|--|--|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>36-2754078 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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.

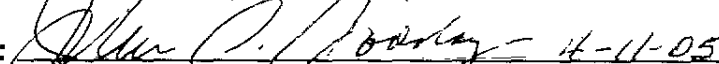
|           |  |  |      |
|-----------|--|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|--|------|

|  |   |                                |  |
|--|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|--|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>DESILVESTRO, JOSEPH D<br>460 ILLINOIS STREET<br>MARSEILLES IL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>HUSSEY, MRS. GERALD<br>601 IMPERIAL BLVD, #155<br>LAKELAND FL <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GAGLIANO, ANTHONY<br>2908 LAKEVIEW DRIVE<br>FERN PARK FL <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DESILVESTRO, JOSEPH N<br>3117 HENDERSON CIRCLE W<br>LAKELAND FL 33803 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BODOLAY, JOHN, S<br>6598 SWEETBRIAR LANE<br>LAKELAND FL <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>FABRITZE, DOROTHY S MSC<br>2811 MOYERS LN., PROVINCE CENTER<br>READING PA <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000305896<br>04/14/05-80104-020 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 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:  | 863-660-0705         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date Daytime Phone # |