

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91397 035 ****61.25

DOCUMENT # 754039

1. Entity Name

KNIGHTS OF THE ALTAR INTERNATIONAL, INC.



Principal Place of Business

**3117 HENDERSON CIRCLE W.
LAKELAND FL 33803**

Mailing Address

**P.O. BOX 5476
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

4. FEI Number **36-2754078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
**D
SILVERESTRO, JOSEPH N**
STREET ADDRESS **3117 HENDERSON CIRCLE W**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **Joseph N. DeSilvestro**
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Joseph N. DeSilvestro* **Joseph DeSilvestro 4-24-03 815-433-5979**

CR2E037 (10/02)