


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26; 2005 08:00 AM
Secretary of State

DOCUMENT # 766749	
1. Entity Name ROBERT T. KNIGHT AUXILIARY, INCORPORATED	

Principal Place of Business 935 S.E. 14TH STREET HIALEAH, FL 33010 US	Mailing Address 935 S.E. 14TH STREET HIALEAH, FL 33010 US
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01212005 No Chg-NP CR2E097 (10/03)

4. FEI Number 59-2274482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WINTER, MAUREEN 935 S.E. 14TH STREET HIALEAH, FL 33010
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WINTER, MAUREEN 935 S.E. 14 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MESSER, MICHAEL 5555 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PACE, RICHARD 12401 W. OKEECHOBEE #396 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Maureen Winter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 *305-883-8720*
Date Daytime Phone #