2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90092 004 ****70.00

DOCUMENT # N03000006245

1. Entity Name
THE KNIGHTS OF CAPE CORAL, INC.

Principal Place of Business
1810 COUNTRY CLUB BLVD
CAPE CORAL, FL 33990

Mailing Address
Mr. Richard W. Kochanski
3518 SE 17th Ave
Cape Coral, FL 33904-4465

400417101

DO NOT WRITE IN THIS SPACE

03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
57-1199361

Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFANO, ANTHONY
5991 MILNE CIRCLE
N FT MYERS, FL 33903

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EGAN, ARNOLD J SR
STREET ADDRESS	1810 COUNTRY CLUB BLVD
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	DT
NAME	BARTOLINE, RICHARD
STREET ADDRESS	1120 SW 28TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DS
NAME	ALFANO, ANTHONY
STREET ADDRESS	5991 MILNE CIRCLE
CITY-ST-ZIP	N FT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Lincardozzi PK, 3-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #