

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011086

FILED
Mar 20, 2009
Secretary of State

Entity Name: KNIGHTS OF RIZAL, INC., TAMPA BAY CHAPTER, FLORIDA, U.S.A.

Current Principal Place of Business:

15913 MYSTIC WAY
TAMPA, FL 336246815

New Principal Place of Business:

Current Mailing Address:

15913 MYSTIC WAY
TAMPA, FL 336246815

New Mailing Address:

FEI Number: 92-0189234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMEDA, BERT A
15913 MYSTIC WAY
TAMPA, FL 336246815 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ALMEDA, BERT A
Address: 15913 MYSTIC WAY
City-St-Zip: TAMPA, FL 33624 US

Title: T () Delete
Name: REYES, JULIUS VINCENT
Address: 2238 CAMP INDIANHEAD RD
City-St-Zip: LAND O'LAKES, FL 346395275 US

Title: T () Delete
Name: YOUNG, ROLAND
Address: 24249 SILKBAY CT
City-St-Zip: LUTZ, FL 335598632 US

Title: T () Delete
Name: RUELO, ROBERTO R
Address: 16409 ASHWOOD DRIVE
City-St-Zip: TAMPA, FL 336241152 US

Title: T () Delete
Name: DOMISIW, MANUEL M
Address: 17040 BRIDLEPATH CT
City-St-Zip: LUTZ, FL 33558 US

Title: T () Delete
Name: PARROCHA, CRETENCE D
Address: 507 GOODWOOD DR
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERT A ALMEDA

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date