


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003533 1. Entity Name NAM KNIGHTS OF AMERICA MC SOUTHWEST CHAPTER INC.	
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Principal Place of Business 5840 DENISON DR. VENICE, FL 34293	Mailing Address 5840 DENISON DR. VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-NP CRZE037 (11/05)

4. FEI Number 30-0243746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COUIELLO, MIKE 6023 26TH ST. W. #135 BRADENTON, FL 34207

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHELOR, THOMAS J 5840 DENISON DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO BILLITERI, FRANK 5146 OLD ASHWOOD DR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBERT, NEIL 2907 PARROT ST. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUPO, RON 4771 ARGONAUT RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITZER, STEVE 933 CHEVY CHASE LT NW PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000434497
02/25/06-80005-003 61.25

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: Thomas J Bachelor Thomas J Bachelor Feb 12, 2006 941-493-6229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #