

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006415

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: 11177 MANAGEMENT CORPORATION

## Current Principal Place of Business:

C/O KNIGHT OF COLUMBUS COUNCIL 11177  
1922 SW 20TH AVENUE  
CAPE CORAL, FL 33991

## New Principal Place of Business:

## Current Mailing Address:

C/O KNIGHT OF COLUMBUS COUNCIL 11177  
1922 SW 20TH AVENUE  
CAPE CORAL, FL 33991

## New Mailing Address:

FEI Number: 20-1320048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, PETER  
1311 SE 45TH STREET  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

REED, PETER  
803 SE 24 TH AVE  
CAPE CORAL, FL 33990 US

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:

04/14/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: REED, PETER  
Address: 1311 SE 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete  
Name: GOBLE SR, WILLIAM  
Address: 4727 SW 25TH COURT  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: DELORENZO, FRANK  
Address: 240 SE 6TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: REED, PETER  
Address: 803 SE 24 TH AVE  
City-St-Zip: CAPE CORAL, FL 33990 US

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: PETER REED

CD

04/14/2008

Electronic Signature of Signing Officer or Director

Date