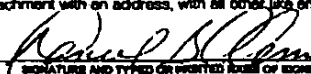


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-16-2007 90019 015 ****61.25

DOCUMENT # N06000007237					
1. Entity Name NAM KNIGHT'S COMMUNITY FUND INC.					
Principal Place of Business 8288 SE SWAN AVE HOBE SOUND, FL 33455			Mailing Address 8288 SE SWAN AVE HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5217614	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RANALLI, ANTHONY JR 8288 SE SWAN AVE HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DANIEL B. CLUMSON		DATE 4/6/07			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO RANALLI, ANTHONY JR. 8288 SE SWAN AVE HOBE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VO ROONEY, ROB 8288 SE SWAN AVE HOBE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROCKWELL, RICK 8288 SE SWAN AVE HOBE SOUND, FL 33455	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY DANIEL B. CLUMSON 7447 SE SWAN AVE HOBE SOUND, FL 33455 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RANALLI, ANTHONY JR. 8288 SE SWAN AVE HOBE SOUND, FL 33455	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREASURER Timothy Ralph 5940 SE INVER AVE STUART 34997 FL ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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:  DANIEL B. CLUMSON		DATE 4/6/07 772-263-0728			
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date Daytime Phone #			