

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2009
Secretary of State

DOCUMENT# N06000007237

Entity Name: NAM KNIGHT'S COMMUNITY FUND INC.**Current Principal Place of Business:**8288 SE SWAN AVE
HOBE SOUND, FL 33455**New Principal Place of Business:****Current Mailing Address:**8288 SE SWAN AVE
HOBE SOUND, FL 33455**New Mailing Address:****FEI Number:** 20-5217614**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RANALLI, ANTHONY JR
8288 SE SWAN AVE
HOBE SOUND, FL 33455 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:** PD () Delete
Name: RANALLI, ANTHONY JR.
Address: 8288 SE SWAN AVE
City-St-Zip: HOBE SOUND, FL 33455**Title:** VD (X) Delete
Name: ROONEY, ROB
Address: 8288 SE SWAN AVE
City-St-Zip: HOBE SOUND, FL 33455**Title:** VP () Delete
Name: CLEMON, DANIEL B
Address: 7447 SE SWAN AVE
City-St-Zip: HOBE SOUND, FL 33455**Title:** T () Delete
Name: RALPH, TIMOTHY
Address: 5946 SE INEZ AVE
City-St-Zip: STUART, FL 34997**Title:** S () Delete
Name: MERRIT, JAMES W
Address: 6907 S E DELEGATE STREET
City-St-Zip: HOBE SOUND, FL 33455**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:** T (X) Change () Addition
Name: LINN, KEVIN N
Address: 2395 SW FERN CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953**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: ANTHONY RANALLI JR

PD

10/24/2009

Electronic Signature of Signing Officer or Director

Date