

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011041

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** NAM KNIGHTS OF AMERICA - WEST PALM BEACH CHAPTER INC.

**Current Principal Place of Business:**

15591 77TH PLACE N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

15591 77TH PLACE N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 20-8592083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ETHERIDGE, CLINTON B  
15591 77TH PLACE N  
LOXAHATCHEE, FL 33470 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: P ( ) Delete  
Name: ETHERIDGE, CLINTON  
Address: 15591 77TH PLACE N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V ( ) Delete  
Name: GRAVES, BOB  
Address: 15170 79TH TER. N  
City-St-Zip: NPB, FL 33418

Title: T ( ) Delete  
Name: JON, JEF  
Address: 303 ALICANTE DR  
City-St-Zip: JUNO BEACH, FL 33408

Title: S ( ) Delete  
Name: LOFF, LONNIE  
Address: 1170 SW 1ST WAY  
City-St-Zip: BOCA RATON, FL 33486

**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:

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: LONNIE LOFF

S

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date