

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 043 ****61.25

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1. Entity Name

**KNIGHTS OF COLUMBUS, OUR LADY OF CHARITY
COUNCIL NO. 5110, INC.**



Principal Place of Business

**2640 NW 33 STREET
MIAMI FL 33142**

Mailing Address

**2640 NW 33 STREET
MIAMI FL 33142**

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

20-5751336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLANAS, ROGELIO
2496 SW 17 AVE
#5109
MIAMI FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

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

TITLE PD **CHANGE ADDRESS** ☐ Delete
NAME SUAREZ, IBRAEL E **11143 NW 75th, #106**
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33142 **MIAMI FL 33172**

TITLE SD ☐ Delete
NAME PLANAS, ROGELIO
STREET ADDRESS 2640 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE TD ☐ Delete
NAME BALSEIRO, ORLANDO **ORLANDO**
STREET ADDRESS 2640 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE VPD ☐ Delete
NAME GARCIA, MANUEL
STREET ADDRESS 2640 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE VSD ☐ Delete
NAME CIFUENTES, CARLOS
STREET ADDRESS 2640 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE VTD ☐ Delete
NAME ETCHEVERRY, ORLANDO
STREET ADDRESS 2640 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33142

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]