

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011493

FILED
Mar 16, 2009
Secretary of State

Entity Name: KNIGHTS OF COLUMBUS, OUR LADY OF CHARITY COUNCIL NO. 5110, INC.

Current Principal Place of Business:

2640 NW 33 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2640 NW 33 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-5751336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANAS, ROGELIO
2496 SW 17 AVE
#5109
MIAMI, FL 33145 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: SUAREZ, IBRAEL E
Address: 11143 NW 7ST # 106
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: PLANAS, ROGELIO
Address: 2640 NW 33 STREET
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: ORLANDO, BALSEIRO
Address: 2640 NW 33 STREET
City-St-Zip: MIAMI, FL 33142

Title: VPD () Delete
Name: GARCIA, MANUEL
Address: 2640 NW 33 STREET
City-St-Zip: MIAMI, FL 33142

Title: VSD () Delete
Name: CIFUENTES, CARLOS
Address: 2640 NW 33 STREET
City-St-Zip: MIAMI, FL 33142

Title: VTD () Delete
Name: ETCHEVERRY, ORLANDO
Address: 2640 NW 33 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUAREZ, IBRAEL E
Address: 11143 NW 7ST # 106
City-St-Zip: MIAMI, FL 33172

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:

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: ROGELIO PLANAS

SD

03/16/2009

Electronic Signature of Signing Officer or Director

Date