2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N07000002389

Entity Name: KNIGHTS OF COLUMBUS SAINT FAUSTINA COUNCIL, INC. 14217

Current Principal Place of Business:

476 JACKSON PARK AVENUE
DAVENPORT, FL 33897

New Principal Place of Business:

810 CHALLENGER AVE
DAVENPORT, FL 33897

Current Mailing Address:

476 JACKSON PARK AVENUE
DAVENPORT, FL 33897

New Mailing Address:

810 CHALLENGER AVE
DAVENPORT, FL 33897

FEI Number: 61-1523557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEIXEIRA, RONALD
810 CHALLENGER AVENUE
DAVENPORT, FL 33897 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: .DIR ( ) Delete
Name: MURPHY, WILLIAM J
Address: 476 JACKSON PARK AVENUE
City-St-Zip: DAVENPORT, FL 33897

Title: TRES ( ) Delete
Name: TEIXEIRA, RONALD
Address: 810 CHALLENGER AVENUE
City-St-Zip: DAVENPORT, FL 33897

Title: T ( ) Delete
Name: CARTHY, DANIEL
Address: 118 DELANEY PARK
City-St-Zip: DAVENPORT, FL 33897

Title: T ( ) Delete
Name: BISHOP, EDWARD
Address: 610 BURGOYNE LOOP
City-St-Zip: DAVENPORT, FL 33897

Title: T ( ) Delete
Name: MOFFATT, BOB
Address: 50989 US HWY 37 #289
City-St-Zip: DAVENPORT, FL 33897

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:

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: RONALD TEIXEIRA TRES 01/19/2009
Electronic Signature of Signing Officer or Director — Date