

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008592

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SAINT THOMAS AQUINAS KNIGHTS OF COLUMBUS COUNCIL 15357, INC.

**Current Principal Place of Business:**

900 BROWN CHAPLE ROAD  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 700572  
SAINT CLOUD, FL 34770 US

**New Mailing Address:**

**FEI Number:** 45-3236061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENZUELA, MICHAEL F  
3206 SAWGRASS CREEK CIRCLE  
SAINT CLOUD, FL 34772 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  
Name: GERST, RICHARD M  
Address: 3205 SAWGRASS CREEK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: VP  
Name: DONATO, SAMUEL J JR  
Address: 3205 SAWGRASS CREEK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: T  
Name: MCGINLEY, JOHN R  
Address: 313 WISCONSIN AVE  
City-St-Zip: SAINT CLOUD, FL 34769 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L PARKE

F.S.

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date