

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -1 PM 1:42

DOCUMENT # 741760 (3)

1. Corporation Name
JOHN KNOX VILLAGE OF FLORIDA, INC.

Principal Place of Business 651 SW 6TH STREET POMPANO BCH FL 33060	Mailing Address 651 SW 6TH STREET POMPANO BCH FL 33060
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/06/1978	3a. Date of Last Report 02/08/1994
4. FEI Number 59-1800721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RIGEL, ROBERT R.
 651 SW 6TH ST
 POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE: *Robert R. Rigel* **Robert R. Rigel** EXEC. DIRECTOR **January 16, 1995**

Signature of registered agent or officer or director, if applicable. (NOTE: Registered Agent signature required when applicable.) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME FURMAN, FRANK, JR.
STREET ADDRESS 1314 E. ATLANTIC BLVD.	CITY-ST-ZIP POMPANO BCH FL
TITLE VD	NAME ALLISON, WILLIAM
STREET ADDRESS 500 SOUTH CYPRESS RD.	CITY-ST-ZIP POMPANO BCH FL
TITLE DST	NAME HIRDLER, EDGAR
STREET ADDRESS 671 S.W. SIXTH ST.	CITY-ST-ZIP POMPANO BEACH FL
TITLE D	NAME WINEBRENNER, AUGUSTA
STREET ADDRESS 671 S.W. SIXTH ST.	CITY-ST-ZIP POMPANO BEACH FL
TITLE D	NAME BURES, PAUL
STREET ADDRESS 671 S.W. SIXTH ST.	CITY-ST-ZIP POMPANO BCH FL
TITLE DST	NAME WHEELER, LESTER R.
STREET ADDRESS 307 NE FIRST STREET	CITY-ST-ZIP POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME D
4.3 STREET ADDRESS 501 S.W. SIXTH STREET	4.4 CITY-ST-ZIP POMPANO BEACH, FL 33060
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, director, or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof.

SIGNATURE: *Edgar A. Hirdler* **EDGAR A. HIRDLER, Cust. Secy/Treas. 1/19/95** **Jan 5 9 46-2342**

Signature of officer or director Date