

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 31, 1996 08:00 AM
Secretary of State

DOCUMENT # **741760** (3)

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



Principal Place of Business Mailing Address
651 SW 6TH STREET POMPANO BCH FL 33060

3. Date Incorporated or Qualified **02/06/1978** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-1800721** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Robert R. Rigel* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FURMAN, FRANK, JR.	
STREET ADDRESS	1314 E. ATLANTIC BLVD.	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLISON, WILLIAM	
STREET ADDRESS	500 SOUTH CYPRESS RD.	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HIRDLER, EDGAR	
STREET ADDRESS	671 S.W. SIXTH ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTERSON, SUE	
STREET ADDRESS	601 S.W SIXTH STREET	
CITY - ST - ZIP	TOMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURES, PAUL	
STREET ADDRESS	671 S.W. SIXTH ST.	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	DST	<input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<i>D Nagel, Arthur</i>
53 STREET ADDRESS	<i>620 S.W Sixth St.</i>
54 CITY - ST - ZIP	<i>Pompamo Bch, fl 33060</i>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Robert R. Rigel* Robert R. Rigel 1/22/96 (954) 783-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)