

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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 33060-77973. Date Incorporated or Qualified  
02/06/19783a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
59-1800721Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	HIRDLER, EDGAR	
STREET ADDRESS	671 S.W. SIXTH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" 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	NAGEL, ARTHUR	
STREET ADDRESS	631 SW SIXTH STREET	
CITY-ST-ZIP	POMPANO BEACH 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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025239

CR2E037 (9/96)