

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741760

FILED
Apr 02, 2007
Secretary of State

Entity Name: JOHN KNOX VILLAGE OF FLORIDA, INC.

Current Principal Place of Business:

651 VILLAGE DRIVE
POMPANO BCH, FL 33060

New Principal Place of Business:

Current Mailing Address:

651 VILLAGE DRIVE
POMPANO BCH, FL 33060

New Mailing Address:

FEI Number: 59-1800721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHARMANN, ROBERT
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060 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: PD () Delete
Name: FURMAN, FRANK, JR.,
Address: 1314 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BCH, FL 33060

Title: VD () Delete
Name: ALLISON, WILLIAM,
Address: 500 SOUTH CYPRESS RD.
City-St-Zip: POMPANO BCH, FL 33060

Title: DT () Delete
Name: WHEELER, LESTER R.,
Address: 451 HERRITAGE DRIVE APT 104
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: WEBB, WILLIAM A
Address: 404 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: ANDREWS, MARJORIE
Address: 671 LAKESIDE CIRCLE APT 719
City-St-Zip: POMPANO BEACH, FL 33060

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: D (X) Change () Addition
Name: RASMUSSEN, NORMAN
Address: 451 HERITAGE DRIVE APT 0501
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT P. SCHARMANN

RA

04/02/2007

Electronic Signature of Signing Officer or Director

_____ Date