

**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

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DOCUMENT # 743018 (4)

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



Principal Place of Business Mailing Address  
101 NORTHLAKE DR. ORANGE CITY FL 32763  
101 NORTHLAKE DR. ORANGE CITY FL 32763

3. Date Incorporated or Qualified 05/25/1978  
3a. Date of Last Report 03/17/1995  
4. FEI Number 59-1831906  
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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
JOHNSON, NORD L  
505 E NEW YORK AVE STE 2  
DELAND FL 32724

10. Name and Address of New Registered Agent  
81 Name Wright, Gary S.  
82 Street Address (P.O. Box Number is Not Acceptable) 301 N. Volusia Ave.  
83  
84 City Orange City, FL 85 Zip Code 32763

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 *Gary S. Wright* GARY S. WRIGHT, Registered Agent 4/29/96  
Signature, typed or printed name of registered agent and title (April 29, 1996) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GREER, CHARLES	
STREET ADDRESS	860 E PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	STO	<input type="checkbox"/> DELETE
NAME	BRUNNING, BARBARA	
STREET ADDRESS	725 N FLORIDA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	SNEAD, WILLIAM	
STREET ADDRESS	3-A WESTLAKE DR.	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAFT, HARRY	
STREET ADDRESS	307 E RICH AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNETT, TAVER	
STREET ADDRESS	500 E NEW YORK AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BURGESS, BURL	
STREET ADDRESS	2450 S VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Greer, Charles	
1.3 STREET ADDRESS	860 E. Pennsylvania Ave.	
1.4 CITY-ST-ZIP	DeLand, FL	
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	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cornett, Taver	
5.3 STREET ADDRESS	500 E. New York Ave.	
5.4 CITY-ST-ZIP	DeLand, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Burgess, Burl	
6.3 STREET ADDRESS	2450 S. Volusia Ave.	
6.4 CITY-ST-ZIP	Orange City, FL	

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 if changed, or on an attachment with an address.

SIGNATURE: *Charles Greer* H-17-96 775-3840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

743018

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\*Attached Sheet

for

DOCUMENT # 743018

JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.

ADDITIONS

TITLE

NAME OF OFFICERS AND/OR DIRECTORS

ADDRESS

D.

JOHNSON, NORD L.

505 E. New York Ave.  
Suite 2  
DeLand, FL 32720