

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 101 NORTHLAKE DR. ORANGE CITY FL 32763	Mailing Address 101 NORTHLAKE DR. ORANGE CITY FL 32763-6167
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1978	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1831906	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WRIGHT, GARY S 301 N VOLUSIA AVE. ORANGE CITY FL 32763				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 Gary S. Wright Gary S. Wright, attorney 3/19/97
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD GREER, CHARLES	1.2 NAME	
STREET ADDRESS	880 E PENNSYLVANIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD BRUNNING, BARBARA	2.2 NAME	
STREET ADDRESS	725 N FLORIDA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTD SNEAD, WILLIAM	3.2 NAME	
STREET ADDRESS	3-A WESTLAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TAFT, HARRY	4.2 NAME	
STREET ADDRESS	307 E RICH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCD CORNETT, TAVER	5.2 NAME	
STREET ADDRESS	500 E NEW YORK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BURGESS, BURL	6.2 NAME	
STREET ADDRESS	2450 S VOLUSIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	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: Charles Greer Charles Greer, Chairman 3-27-97
 904/738-8818

CR2E037 (9/96)

*** ATTACHED SHEET FOR DOCUMENT #743018**

John Knox Village of Central Florida, Inc.

<u>TITLE</u>	<u>NAME OF OFFICERS AND/OR DIRECTORS</u>	<u>ADDRESS</u>
D	JOHNSON, NORD L.	505 E. New York Ave. Suite 2 DeLand, FL 32720 Orange City, FL 32763
<u>ADDITIONS:</u>		
D	TODD BAUERLE	1260 Park Haven Place DeLand, FL 32724