


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90067 007 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 743018

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

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



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/25/1978 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1831906 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | | |
|---|--|---|----|-------------|
| 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 Attorney DATE: 3/17/99

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREER, CHARLES | 1.2 NAME | D |
| STREET ADDRESS | 860 E PENNSYLVANIA AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 | ASTD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 | D <input type="checkbox"/> DELETE | 4.1 TITLE | VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 | VCD <input type="checkbox"/> DELETE | 5.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3-22-99 DAYTIME PHONE #: 904-775-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2027 (11/08)