


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 743018 1. Entity 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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02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1831906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WRIGHT, GARY S
 465 SUMMERHAVEN DR.
 STE. C
 DEBARY, FL 32713

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary S Wright* (NOTE: Registered Agent signature required when reinstating) 2/12/07 DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'CONNOR, WILLIAM 421 N. WOODLAND BLVD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRUNNING, BARBARA 725 N FLORIDA AVENUE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, FRANK 880 LAKESHORE DR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD CORNETT, TAVER 500 E NEW YORK AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BURGESS, BURL 2450 S VOLUSIA AVE ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000647317
03/06/07-80067-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William R. O'Connor* 2-8-07 386 748 1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #