


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # 743018**  
 1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee Is \$61.25  
 Due by May 1, 2008**

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

00000823322  
 02/20/08-80032-015 61.25

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	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #