

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 14, 2009  
Secretary of State

DOCUMENT# N00000004260

Entity Name: FLORIDA K OF C CHARITIES, INC.

**Current Principal Place of Business:**

3242 HAWKS NEST DRIVE  
C/O JAMES J. SCHONEFELD  
KISSIMMEE, FL 347417520

**New Principal Place of Business:**

**Current Mailing Address:**

3242 HAWKS NEST DRIVE  
C/O JAMES J. SCHONEFELD  
KISSIMMEE, FL 347417520

**New Mailing Address:**

FEI Number: 59-3659193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHONEFELD, JAMES J  
3242 HAWKS NEST DRIVE  
KISSIMMEE, FL 347417520 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHONEFELD, JAMES J  
Address: 3242 HAWKS NEST DRIVE  
City-St-Zip: KISSIMMEE, FL 347417520

Title: S ( ) Delete  
Name: KROHN, RICHARD  
Address: 28833 SPANISH GARDENS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: KERNAN, CHRISTOPHER E  
Address: P.O. BOX 6431  
City-St-Zip: MAC DILL, AFB, FL 33608

Title: VD ( ) Delete  
Name: KOPPIE, PAUL  
Address: 1550 WEXFORD DR NORTH  
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete  
Name: MURRAY, DOUGLAS J  
Address: 920 HILLGROVE LANE  
City-St-Zip: AUBURNDALE, FL 33828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. SCHONEFELD

P

03/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date