

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46252 (5)

1. Corporation Name
J.K.V. FOUNDATION, INC.



700001879597
-06/28/96--01080-000 025
***61.25

Principal Place of Business: 101 NORTHLAKE DRIVE, ORANGE CITY FL 32763
Mailing Address: 101 NORTHLAKE DRIVE, ORANGE CITY FL 32763

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-3108265
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
**JOHNSON, NORD L
505 E NEW YORK AVE STE 2
DELAND FL 32724**

10. Name and Address of New Registered Agent
81. Name: **Wright, Gary S.**
82. Street Address (P.O. Box Number is Not Acceptable): **301 N. Volusia Ave.**
84. City: **Orange City, FL**
85. Zip Code: **32763**

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: *Mary S. Wright* **GARY S. WRIGHT, Registered Agent** 4/29/96

OFFICERS AND DIRECTORS

TITLE OF NAME	D	<input type="checkbox"/> DELETE
NAME	BRUNNING, BARBARA	
STREET ADDRESS	725 N. FLORIDA AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAFT, HARRY	
STREET ADDRESS	307 E RICH AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	CROUSE, EARL F.	
STREET ADDRESS	4-A FLORABUNDA CIRCLE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAMES, MARGARET	
STREET ADDRESS	7-B WESTLAKE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSON, JON F	
STREET ADDRESS	302 E. NEW YORK AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREER, CHARLES	
STREET ADDRESS	860 E. PENNSYLVANIA AVE.	
CITY-ST-ZIP	DELAND FL 32720	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	STENHOUSE, MOLLY
1.4 CITY-ST-ZIP	2-B SWEETGUM COURT ORANGE CITY, FL 32763
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Bauerle, Todd
2.4 CITY-ST-ZIP	1260 Park Haven Place DeLand, FL 32720
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VCD
3.3 STREET ADDRESS	Robertson, Jr., H.S.
3.4 CITY-ST-ZIP	P.O. Box 1469, "N/A" New Smyrna Beach, FL 32170-1469
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	WEBER, WALTER
4.4 CITY-ST-ZIP	15-A SWEETGUM DRIVE ORANGE CITY, FL, 32763
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	CHURCH, BETTY C.
5.4 CITY-ST-ZIP	520 N VOLUSIA AVE. ORANGE CITY, FL, 32763
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Cornett, Taver
6.4 CITY-ST-ZIP	500 E. New York Ave. DeLand, FL 32720

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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: *Margaret J. James* 04/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)