1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N46252**

1. Corporation Name

J.K.V. FOUNDATION, INC.

Principal Place of Business

Mailing Address

101 NORTHLAKE DRIVE ORANGE CITY FL 32763

101 NORTHLAKE DRIVE ORANGE CITY FL 32763

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90098 002 \*\*\*\*61.25



Principal Place of Business     Za. Mailing Address					3. Date Incorporated or Qualifed		
21		26			12/03/1991		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27		٠.	59-3108265 Not Applicab		
City & Stat	e	City & State			5. Certificate of Status Desired   \$8.75 Additional		
23		28			5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Country	,	6. Election Campaign Financing \$5.00 May Be		
24	25	29	0		Trust Fund Contribution Added to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name			
WOIGHT CARV C				Street	Address (P.O. Box Number is Not Acceptable)		
	WRIGHT, GARY S				82 Street Address (P.O. Box Number is Not Acceptable)		
301 N VOLUSIA AVE.				1			
ORANGE CITY FL 32763				<u> </u>			
7			84	City	FL 85 Zip Code		
44 6	to the provisions of Continue 617 0500	and 617 1508 Florida Statutas	the above	e-named			
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	f Florida. Such change was aut	norized by	the corpo	oration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	orfs of Section 617.0503, Florid	la Statutes	i.	ماسامه		
SIGNATURE	Jan 1 h	attorn			required when reinstating) DATE		
	Signature, typed or printed name of registered agent		egisteled Age	nt signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO GIFTOERS AND DIRECTOR IN TELESCOPERS		
TITLE	D BARRAGA				HARDESTY, ALONZO H. III		
NAME	BRUNNING, BARBARA		1.2 NAME				
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP	DELAND FL		1.4 CITY-S	T-ZIP	ORÂNGE CITY, FL 32763		
TITLE	D	☐ DELETE	2.1 TITLE		-2		
NAME	BAUERLE, TODD A		2.2 NAME		McGHIN, ANDREW J. JR.		
STREET ADDRESS	505 EAST NEW YORK AVE.		2.3 STREE	TADORESS			
CITY-ST-ZIP	DELAND FL		2. 4 CITY-5	ST-ZIP	ORANGE CITY, FL 32763		
_TITLE	.D	☐ DELETE:	3.1.TITLE		☐ Change ☐ Addi		
NAME	KNIGHT, FRANK		3.2 NAME		WARREN, RALPH E.		
STREET ADDRESS	880 LAKESHORE DR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ENTERPRISE FL 32725		3.4. CITY-5	ST-ZIP	ORANGE CITY, FL 32763		
TITLE	CD	☐ DELETE	4.1 TITLE		S Change (X) Addi		
NAME	JAMES, MARGARET		4. 2 NAME		CALLANDER, MARGARET M.		
STREET ADDRESS	7-B WESTLAKE DR		4.3 STREE	T ADDRESS	9-B AZALEA DRIVE		
CITY-ST-ZIP	ORANGE CITY FL		4.4 CITY-S		ORANGE CITY, FL 32763		
TITLE	VCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addi		
NAME	STARK, DENNIS M	_	5.2 NAME				
			5.3 STREE	TADORESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP	DELAND FL	☐ DELETE	6.1 TITLE	· · · · Lii	. Change Addi		
TITLE	D		6.2 NAME		. Contained Contained		
NAME	CORNETT, TAVER			*****			
STREET ADDRESS	,			TADORESS			
CITY OF TID	DELAND EL 22720		6.4 CITY-5	ST-ZIP	1		

14. Thereby 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:

NATURE AND TYPEFOR PRINTING MANUAL AND TYPEFOR PRINTING OF SIGNING OFFICER OR DIRECTOR

904-851-0015

Daytime Phone #

CR2E037 (11/98)