


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90015 048 \*\*\*\*61.25

<b>DOCUMENT # N46252</b>			
1. Entity Name J.K.V. FOUNDATION, INC.			
Principal Place of Business 101 NORTHLAKE DRIVE ORANGE CITY, FL 32763		Mailing Address 101 NORTHLAKE DRIVE ORANGE CITY, FL 32763	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01202004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3108265		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, GARY S 301 N VOLUSIA AVE. ORANGE CITY, FL 32763		Name <u>Gary S. Wright</u> Street Address (P.O. Box Number is Not Acceptable) <u>465 Summerhaven Dr., Suite C</u> City <u>DeBary,</u> FL Zip Code <u>32713</u>	
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 <u>Gary S. Wright</u>		DATE <u>2/4/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDESTY, ALONZO H III 1450 W. VOLUSIA AVE, STE. 7 ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Bollinger, Ralph R. 9-B Northlake Dr Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGHIN, ANDREW J JR 3A DOGWOOD CT. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connor, William 421 N. Woodlands Blvd, Unit 8393 DeLand, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, J. FRANK 880 LAKESHORE DRIVE ENTERPRISE, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilbert, Monya 422 E. Oakdale Ave. DeLand, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD STARK, DENNIS M 1907 ODHAM DRIVE DELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Summers, Nancy 6-B Ivy Court Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNETT, TAVER 500 E NEW YORK AVE. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, Dorothy 16A Florabunda Circle Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNNING, BARBARA A 725 NORTH FLORIDA AVENUE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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: <u>Andrew McGhin</u>		Date <u>1/20/04</u> Daytime Phone # <u>386-851-0015</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	