


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N46252
 1. Entity Name
 J.K.V. FOUNDATION, INC.



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



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3108265 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WRIGHT, GARY S
 465V SUMMERHAVEN DR
 SUITE C
 DEBARY, FL 32713

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARDESTY, ALONZO H III
STREET ADDRESS	1450 W. VOLUSIA AVE, STE. 7
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	TD
NAME	MCGHIN, ANDREW J JR
STREET ADDRESS	3A DOGWOOD CT.
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	KNIGHT, J. FRANK
STREET ADDRESS	880 LAKESHORE DRIVE
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	VCD
NAME	STARK, DENNIS M
STREET ADDRESS	1907 ODHAM DRIVE
CITY-ST-ZIP	DELAND, FL
TITLE	CD
NAME	BOLLINGER, RALPH R
STREET ADDRESS	9-B NORTHLAKE DR
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	O'CONNOR, WILLIAM
STREET ADDRESS	421 N. WOODLANDS BLVD, UNIT 8393
CITY-ST-ZIP	DELAND, FL 32720

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 01/24/05-80171-029 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Andrew J. McGhin Jr* **ANDREW J. MCGHIN JR** 1-6-05 386-851-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #