

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90077 012 \*\*\*\*61.25

<b>DOCUMENT # 743018</b> 1. Entity Name <b>JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>101 NORTHLAKE DR. ORANGE CITY, FL 32763</b>			Mailing Address <b>101 NORTHLAKE DR. ORANGE CITY, FL 32763</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1831906</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER 465 SUMMERHAVEN DR. STE. C DEBARY, FL 32713</b>				7. Name and Address of New Registered Agent Name <b>Gary S. Wright</b> Street Address (P.O. Box Number is Not Acceptable) <b>465 Summerhaven Dr.</b> Suite <b>C</b> City <b>De Bary,</b> <b>FL</b> Zip Code <b>32713</b>	
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><i>Gary S. Wright</i></u> <span style="float: right;">3/16/05</span> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>O'CONNOR, WILLIAM</b> <b>421 N. WOODLAND BLVD.</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BRUNNING, BARBARA</b> <b>725 N FLORIDA AVENUE</b> <b>DELAND, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>KNIGHT, FRANK</b> <b>880 LAKESHORE DR.</b> <b>DELTONA, FL 32725</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Knight, Frank</b> <b>880 Lakeshore Dr.</b> <b>Deltona, FL 32725</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASTD</b> <b>CORNETT, TAVER</b> <b>500 E NEW YORK AVE</b> <b>DELAND, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURGESS, BURL</b> <b>2450 S VOLUSIA AVE</b> <b>ORANGE CITY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>Burgess, Burl</b> <b>2450 S. Volusia Ave.</b> <b>Orange City, FL 32763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/21/05</b> <span style="float: right;"><b>386 822 7500</b></span> <small>Date Daytime Phone #</small>		