

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90013 004 ****61.25

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1. Entity Name

JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
101 NORTHLAKE DR.
ORANGE CITY, FL 32763

Mailing Address
101 NORTHLAKE DR.
ORANGE CITY, FL 32763



02272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1831906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, GARY S
465 SUMMERHAVEN DR.
STE. C
DEBARY, FL 32713

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IN THIS SPACE**

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 Gary S. Wright, General Counsel 2/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
O'CONNOR, WILLIAM
421 N. WOODLAND BLVD.
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BRUNNING, BARBARA
725 N FLORIDA AVENUE
DELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KNIGHT, FRANK
880 LAKESHORE DR.
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASTD
CORNETT, TAVER
500 E NEW YORK AVE
DELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
BURGESS, BURL
2450 S VOLUSIA AVE
ORANGE CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara A. Brunning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

Daytime Phone #