

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743018**

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**



02062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1831906</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**DO NOT WRITE  
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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/12/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000647317  
03/06/07-80067-013 61.25

**DO NOT WRITE  
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:**

*[Signature]* William R. O'Connor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2-8-07*

Daytime Phone #

*386 748 1033*