

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90109 015 \*\*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**WRIGHT, GARY S  
301 N VOLUSIA AVE.  
ORANGE CITY FL 32763**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/20/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREER, CHARLES</b>	
STREET ADDRESS	<b>860 E PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNNING, BARBARA</b>	
STREET ADDRESS	<b>725 N FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>ASTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SNEAD, WILLIAM</b>	
STREET ADDRESS	<b>3-A WESTLAKE DR.</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>TAFT, HARRY</b>	
STREET ADDRESS	<b>307 E RICH AVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>CORNETT, TAVER</b>	
STREET ADDRESS	<b>500 E NEW YORK AVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURGESS, BURL</b>	
STREET ADDRESS	<b>2450 S VOLUSIA AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William O'Connor</b>	
STREET ADDRESS	<b>Stetson University/421 N. Woodland Blvd., Deland, FL 32720</b>	
CITY-ST-ZIP	<b>Blvd., Deland, FL 32720</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Lonk</b>	
STREET ADDRESS	<b>5713 Newbury Circle</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Knight</b>	
STREET ADDRESS	<b>880 Lakeshore Dr.</b>	
CITY-ST-ZIP	<b>Enterprise, FL 32725</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]*

**3/24/03**

**386-822-8960**

CR2E037 (10/02)