

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 741760

**Entity Name:** JOHN KNOX VILLAGE OF FLORIDA, INC.

**Current Principal Place of Business:**

651 VILLAGE DRIVE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

651 VILLAGE DRIVE  
POMPANO BEACH, FL 33060 US

**FEI Number:** 59-1800721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHARMANN, ROBERT P  
651 VILLAGE DRIVE  
POMPANO BEACH, FL 33060 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name KNIBLOE, II, CPA, WILLIAM G  
Address 401 EAST LAS OLAS BLVD.  
1100  
City-State-Zip: FT. LAUDERDALE FL 33301

Title SD  
Name GRANT, PAULINE  
Address 201 E. SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

Title VC  
Name SIMPSON, PAUL  
Address 1514 NE 7TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33304

Title TREASURER  
Name CRISSY, JACK  
Address 404 E. ATLANTIC BLVD.  
City-State-Zip: POMPANO BEACH FL 33060

Title P  
Name SCHARMANN, ROBERT P  
Address 651 VILLAGE DRIVE  
City-State-Zip: POMPANO BEACH FL 33060

Title CEO, COO  
Name STRYKER, GERALD  
Address 651 VILLAGE DRIVE  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT SCHARMANN**

**PRESIDENT**

**03/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date