

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743018

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

Current Principal Place of Business:

101 NORTHLAKE DR.
ORANGE CITY, FL 32763

Current Mailing Address:

101 NORTHLAKE DR.
ORANGE CITY, FL 32763

FEI Number: 59-1831906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, GARY S
465 SUMMERHAVEN DR.
STE. C
DEBARY, FL 32713 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 CORNETT, TAVER
Address 2613 BRANCHWATER BEND
City-State-Zip: DELAND FL 32720

Title STD
Name KNIGHT, FRANK
Address 1018 HERON POINT CIRCLE
City-State-Zip: DELAND FL 32724

Title VCD
Name BURGESS, BURL
Address 2576 S. VOLUSIA AVE..
City-State-Zip: ORANGE CITY FL 32763

Title D
Name O'CONNOR, WILLIAM
Address 421 N WOODLAND BLVD.
City-State-Zip: DELAND FL 32720

Title VCD
Name BURGESS, BURL
Address 2450 S VOLUSIA AVE
City-State-Zip: ORANGE CITY FL

Title D
Name HARDESTY, LONNIE
Address 1750 S VOLUSIA AVE.
City-State-Zip: ORANGE CITY FL 32763

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: TAVER CORNETT

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date