

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 STARK, DENNIS  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

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

Title D  
Name O'CONNOR, WILLIAM  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR  
Name LANKFORD, CHERYL  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR  
Name RITCHEY, , JEFF  
Address 1087 TOWN CENTER DR., SUITE 100  
City-State-Zip: ORAGE CITY FL 32763

Title DIRECTOR  
Name BRIM, JOHN  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR  
Name KELTON, PAULA  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

**Continues on page 2**

*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:** CHARITY HATHORNE

CFO

07/29/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            CAO  
Name            TRAINOR, JOSEPH  
Address         101 NORTHLAKE DR.  
City-State-Zip:  ORANGE CITY FL 32763

Title            CFO  
Name            HATHORNE, CHARITY  
Address         101 NORTHLAKE DR.  
City-State-Zip:  ORANGE CITY FL 32763