

**2016 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	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	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

*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

MGR

04/01/2016

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