

2019 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 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: ORANGE CITY FL 32763

Title DIRECTOR
Name DEMPSEY, DONALD
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

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

PRES.

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date