

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N19000010171

**Entity Name:** HEADKNOWLES FOUNDATION INC.

**Current Principal Place of Business:**

301 W. ATLANTIC AVENUE  
SUITE 0-5  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

301 W. ATLANTIC AVENUE  
SUITE 0-5  
DELRAY BEACH, FL 33444 US

**FEI Number: 84-3568024**

**Certificate of Status Desired: No**

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

RONALD SCOTT KANIUK, ESQ.  
1615 S. CONGRESS AVENUE  
SUITE 103  
DELRAY BEACH, FL 33445 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 P/D  
Name KNOWLES, GINA  
Address 301 W. ATLANTIC AVENUE  
SUITE 0-5  
City-State-Zip: DELRAY BEACH FL 33444

Title D/S  
Name KRISTYNYIA LEE D'ARVILLE  
Address 301 W. ATLANTIC AVENUE  
SUITE 0-5  
City-State-Zip: DELRAY BEACH FL 33444

Title D/T  
Name BROGDON, LANA LEE  
Address 301 W. ATLANTIC AVENUE  
SUITE 0-5  
City-State-Zip: DELRAY BEACH FL 33444

*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: GINA KNOWLES**

**PRESIDENT**

**07/02/2020**

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

\_\_\_\_\_  
Date