

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46252

**Entity Name:** J.K.V. FOUNDATION, INC.

**Current Principal Place of Business:**

101 NORTHLAKE DRIVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

101 NORTHLAKE DRIVE  
ORANGE CITY, FL 32763

**FEI Number:** 59-3108265

**Certificate of Status Desired:** No

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

TCHIVIDJIAN, BASYLE J  
112 WEST NEW YORK AVENUE  
SUITE 207  
DELAND, FL 32720 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:** BASYLE J. TCHIVIDJIAN

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRIM, JOHN  
Address 4 NORTHLAKE DR., UNIT A  
City-State-Zip: ORANGE CITY FL 32720

Title D  
Name CAMPBELL, ANITA  
Address 1039 TORCHWOOD DRIVE  
City-State-Zip: DELAND FL 32763

Title DIRECTOR  
Name GLOERSEN, BRITTANY  
Address 145 E. RICH AVE. SUITE C  
City-State-Zip: DELAND FL 32724

Title D  
Name LEFILS, GREGORY  
Address 161 E. ROSE AVE.  
City-State-Zip: ORANGE CITY FL 32763

Title CHAIRMAN  
Name KRISTOFIK, LINDA  
Address 212 SOUTHLAKE DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title D, SECRETARY  
Name KRON, CHARLIE  
Address 101 NORTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

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

Title DIRECTOR  
Name HILL, JOHN  
Address 1590 S. 15A  
SUITE 100  
City-State-Zip: DELAND FL 32720

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*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:** GARY WRIGHT

DIRECTOR

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MIZER, MARK  
Address        1555 NORTH LAKE DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title           DIRECTOR  
Name           WRIGHT, GARY  
Address        540 SOTHEBY WAY  
City-State-Zip: DEBARY FL 32713