

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46252

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC7472252886**

**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:**

WRIGHT, GARY S  
465V SUMMERHAVEN DR  
SUITE 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 D  
Name BRIM, JOHN  
Address 1585 BRIMSHIRE CIRCLE  
City-State-Zip: DELAND FL 32720

Title TD  
Name MCGHIN, ANDREW JJR  
Address 120 SOUTHLAKE DR, APT 218-C  
City-State-Zip: ORANGE CITY FL 32763

Title D  
Name KNIGHT, J. FRANK  
Address 1018 HERON POINT CIRCLE  
City-State-Zip: DELAND FL 32724

Title VCD  
Name STARK, DENNIS M  
Address 1907 ODHAM DRIVE  
City-State-Zip: DELTONA FL 32728

Title D  
Name WELSHEIMER, WILLIAM  
Address 38-B FLORABUNDA CIRCLE  
City-State-Zip: ORANGE CITY FL 32763

Title D  
Name RITCHEY, JEFFERY L  
Address 1859 PROVIDENCE BLVD  
City-State-Zip: DELTONA FL 32725

Title D  
Name RIDGELY, RANDY  
Address 1113 HERON POINT WAY  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name MCFALL, ROBERT D  
Address DELTONA MEMORIAL GARDENS  
1295 SAXON BOULEVARD  
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:** ANDREW MCGHIN

**TREASURER**

**01/24/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name BRADLEY, BARBARA  
Address 01-A EUCALYPTUS DRIVE  
City-State-Zip: ORANGE CITY FL 32763

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