

**2021 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:**

WRIGHT, GARY S  
465 SUMMERHAVEN DR  
SUITE D  
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, TREASURER  
Name BRIM, JOHN  
Address 4 NORTHLAKE DR., UNIT A  
City-State-Zip: ORANGE CITY FL 32720

Title D, ASST. TREASURER  
Name KONECSNY, GABE  
Address 210 SOUTHLAKE DR.  
City-State-Zip: ORANGE CITY FL 32763

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 LEFELS, GREGORY  
Address 161 E. ROSE AVE.  
City-State-Zip: ORANGE CITY FL 32763

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

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

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

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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:** LINDA KRISTOFIK

CHAIRMAN

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VC  
Name BURGESS, BURL  
Address 1637 BENT OAKS CIRCLE  
City-State-Zip: DELAND FL 32724

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

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