

2022 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: Yes

Name and Address of Current Registered Agent:

TCHIVIDJIAN, BASYLE J
120 SOUTH WOODLAND BLVD
SUITE 209
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

03/04/2022

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

03/04/2022

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