

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005000

Entity Name: KNOX FELLOWSHIP, INC.**Current Principal Place of Business:**20054 HERITAGE POINT DRIVE
TAMPA, FL 33647**Current Mailing Address:**20054 HERITAGE POINT DRIVE
TAMPA, FL 33647 US**FEI Number:** 94-3099742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, ROBERT E
MORRIS LAW FIRM
245 E WASHINGTON ST
MONTICELLO, FL 32344 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	C
Name	RICHARDSON, REV. DR. ROGER
Address	3609 PROVIDENCE ROAD
City-State-Zip:	BOYTON BEACH FL 33436

Title	VC
Name	WOOTTEN, REF. J. PERRY
Address	10 CAREN COURT
City-State-Zip:	MT. KRISCO NY 10549

Title	D
Name	PRIEST, THOMAS
Address	134 REGENT DRIVE
City-State-Zip:	LOS GATOS CA 95032

Title	D
Name	BENNETT, WILLIAM
Address	10210 VISTA POINTE DRIVE
City-State-Zip:	TAMPA FL 33635

Title	P
Name	LAMMERS, REV. CARL R
Address	20054 HERITAGE POINT DRIVE
City-State-Zip:	TAMPA FL 33647

Title	VP
Name	ELAM, HENRY
Address	7314 PATIO ROW
City-State-Zip:	HUDSON FL 33667

Title	ST
Name	LAMMERS, GINA K
Address	20054 HERITAGE POINT DRIVE
City-State-Zip:	TAMPA FL 33647

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 K LAMMERS**SECRETARY****04/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date