FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # **741760** 1. Entity Name 05-15-2002 90083 031 ****70.00 JOHN KNOX VILLAGE OF FLORIDA, INC. Principal Place of Business Mailing Address 651 SW 6TH STREET 651 SW 6TH STREET POMPANO BCH FL 33060 POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1800721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHARMANN, ROBERT P 651 SW 6TH ST POMPANO BEACH FL 33060 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E037 (9/01 PD ☐ Delete TITLE TITLE NAME NAME FURMAN, FRANK, JR. STREET ADDRESS STREET ADDRESS 1314 E. ATLANTIC BLVD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Addition ☐ Delete TITLE Change TITLE VD NAME allison, William NAME STREET ADDRESS STREET ADDRESS 500 SOUTH CYPRESS RD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL. Change TITLE ☐ Addition DST ☐ Delete Wheeler, Loster R. NAME NAME wheeler, lester R. STREET ADDRESS STREET ADDRESS 307 NE FIRST STREET CITY-ST-ZIP CITY-ST-ZIP Pompano BCH Fl ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with so address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-7IP