2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# 741760

Entity Name: JOHN KNOX VILLAGE OF FLORIDA, INC.

Current Principal Place of Business:

651 SW 6TH STREET
POMPANO BCH, FL 33060

New Principal Place of Business:

651 VILLAGE DRIVE
POMPANO BCH, FL 33060

Current Mailing Address:

651 SW 6TH STREET
POMPANO BCH, FL 33060

New Mailing Address:

651 VILLAGE DRIVE
POMPANO BCH, FL 33060

FEI Number: 59-1800721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

SCHARMANN, ROBERT
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060 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: ROBERT SCHARMANN 05/03/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FURMAN, FRANK, JR.,
Address: 1314 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BCH, FL

Title: VD ( ) Delete
Name: ALLISON, WILLIAM,
Address: 500 SOUTH CYPRESS RD.
City-St-Zip: POMPANO BCH, FL

Title: DST ( ) Delete
Name: WHEELER, LESTER R.,
Address: 513 W. EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD ( ) Delete
Name: WEBB, WILLIAM A
Address: 404 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: WILEY, HELEN
Address: 631 SW 6TH ST. - LS 0302
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KIELMANN, CARL
Address: 651 VILLAGE DRIVE, APT 1405
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL KIELMANN D 05/03/2004
Electronic Signature of Signing Officer or Director — Date