2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741760

FILED Apr 03, 2009 Secretary of State

Entity Name: JOHN KNOX VILLAGE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 651 VILLAGE DRIVE POMPANO BCH, FL 33060 **Current Mailing Address: 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: Name and Address of New Registered Agent: SCHARMANN, ROBERT P 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FURMAN, JR., FRANK Name: Name: 1314 E. ATLANTIC BLVD. Address: Address: City-St-Zip: POMPANO BCH, FL 33060 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition ALLISON, WILLIAM Name: KNIBLOE, II, CPA, WILLIAM G Name: Address: 500 SOUTH CYPRESS RD. Address: 6750 ANDREWS AVENUE City-St-Zip: POMPANO BCH, FL 33060 City-St-Zip: FT. LAUDERDALE, FL 33309 Title: () Delete Title: (X) Change () Addition KNIBLOE II, WILLIAM G ALLISON, WILLIAM Name: Name: 500 SOUTH CYPRESS ROAD Address: 6750 ANDREWS AVENUE Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: POMPANO BEACH, FL 33060 Title: SD () Delete Title: () Change () Addition Name: WEBB, WILLIAM A Name: Address: 404 E. ATLANTIC BLVD. Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: (X) Change () Addition WATSON, WELCOM H THOMPSON, JOHN B Name: Name: 451 HERITAGE DRIVE APT 0917 451 HERITAGE DRIVE APT 0701 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT SCHARMANN RΑ 04/03/2009