2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 743018

Entity Name: JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

101 NORTHLAKE DR.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

101 NORTHLAKE DR.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-1831906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, GARY S
465 SUMMERHAVEN DR.
STE. C
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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:

Title:	CD	( ) Delete
Name:	O'CONNOR, WIILIAM	
Address:	421 N. WOODLAND BLVD.	
City-St-Zip:	DELAND, FL 32720	
Title:	STD	( ) Delete
Name:	BRUNNING, BARBARA	
Address:	725 N FLORIDA AVENUE	
City-St-Zip:	DELAND, FL	
Title:	D	( ) Delete
Name:	KNIGHT, FRANK	
Address:	880 LAKESHORE DR.	
City-St-Zip:	DELTONA, FL 32725	
Title:	ASTD	( ) Delete
Name:	CORNETT, TAVER	
Address:	500 E NEW YORK AVE	
City-St-Zip:	DELAND, FL	
Title:	VCD	( ) Delete
Name:	BURGESS, BURL	
Address:	2450 S VOLUSIA AVE	
City-St-Zip:	ORANGE CITY, FL	

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

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: WILLIAM O'CONNOR CD 06/22/2009
Electronic Signature of Signing Officer or Director — Date