

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # 748876 (0)**

1. Corporation Name

**JOHN KNOX VILLAGE OF TAMPA BAY, INC.**



|                                                                                     |                                                                                                                   |
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| <b>Principal Place of Business</b><br>3003 W. DR. M.L.K., JR BLVD<br>TAMPA FL 33607 | <b>Mailing Address</b><br>% LEGAL SERVICES DEPT<br>3003 W. DR. MARTIN LUTHER KING JR BLVD<br>TAMPA FL 33607<br>US |
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|                                                        |                                    |                                                               |
|--------------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>09/11/1979 | <b>4. FEI Number</b><br>58-1377711 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|--------------------------------------------------------|------------------------------------|---------------------------------------------------------------|

|                                                                                                            |                                                                                                                          |
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| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | <b>2a. Mailing Address</b><br>26 Attn: Isaac Mallah<br>27 Suite, Apt. #, etc.<br>28 City & State<br>29 Zip<br>30 Country |
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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| <b>7. Is this nonprofit corporation a homeowners association?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <b>9. Name and Address of Current Registered Agent</b><br>MALLAH, ISAAC<br>3003 W. DR. MARTIN LUTHER KING JR. BLVD.<br>TAMPA FL 33607 |
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| <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                                 |                                                                                                                                 |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PD</b> <input type="checkbox"/> DELETE<br>MALLAH, ISAAC<br>3003 W. DR. M.L.K., JR BLVD<br>TAMPA FL                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>TD</b> <input checked="" type="checkbox"/> DELETE<br>CHAWK, GARY<br>3003 W. DR. M.L.K., JR BLVD<br>TAMPA FL 33607            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>DS</b> <input checked="" type="checkbox"/> DELETE<br>PITISCI, GILBERT<br>3003 W. DR. M.L.K., JR BLVD<br>TAMPA FL 33607       |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>EVP</b> <input checked="" type="checkbox"/> DELETE<br>SCOTT, CHARLES<br>3003 W. DR. M.L.K., JR BLVD<br>TAMPA FL 33607        |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>EVP</b> <input checked="" type="checkbox"/> DELETE<br>SHUMAKER, REVONDA L<br>1200 7TH AVENUE NORTH<br>ST PETERSBURG FL 33705 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> DELETE                                                                                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                      |                                                                                                                                                                                                    |
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| <b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY-ST-ZIP</b> | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |
| <b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY-ST-ZIP</b> | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Watts, Howard<br>Catholic Health East<br>6200 Courtney Campbell Cswy, #100<br>Tampa, FL 33609             |
| <b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY-ST-ZIP</b> | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Kirkman, Lee, M.D.<br>406 Reo Street, #200<br>Tampa, FL 33609                                             |
| <b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b> | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Adams, Payton<br>2834 Pelham Road, No.<br>St. Petersburg, FL 33710                                        |
| <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b> | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Richard Korpan<br>Florida Progress Corporation<br>1 Progress Plaza, 11th Flr.<br>St. Petersburg, FL 33701 |
| <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Isaac Mallah* 4/24/98

CR2E037 (10/97)