

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 045 ****61.25

DOCUMENT # 748876

1. Entity Name
JOHN KNOX VILLAGE OF TAMPA BAY, INC.



Principal Place of Business
**4100 FLETCHER AVENUE
TAMPA, FL 33613**

Mailing Address
**ATTN: ISAAC MALLAH
3001 W DR MLK JR BLVD
TAMPA, FL 33607 US**

94074256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

58-1377711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SHARKEY, GLADYS SR**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MALLAH, ISAAC**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **YATES, DIANE**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPD** ☐ Delete
NAME **DESHONG, DENNIS**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☒ Change ☐ Addition
NAME **DISHONG, DENNIS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WALLACE, GEORGE**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☐ Change ☒ Addition
NAME **YODER, CATHY**
STREET ADDRESS **3001 W DR MLK JR BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 an address, with all other like empowered.

SIGNATURE:

Isaac Mallah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac Mallah

4/29/04

Date

(813) 870-4000

Daytime Phone #