


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 748876 1. Entity Name JOHN KNOX VILLAGE OF TAMPA BAY, INC.	
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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
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04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1377711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 **05/20/08-80024-022 61.25**

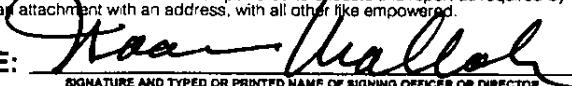
**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGHITTU, MARY SR. 3001 W DR MLK JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLAH, ISAAC 3001 W DR MLK JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONNELLY, PAT 3001 W DR MLK JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, GARY 3001 S DR MLK JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, CATHY 3001 W DR MLK JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (813) 870-4020
Date Daytime Phone #