2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 748876

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

Current Principal Place of Business:

4100 FLETCHER AVENUE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1377711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLAH, ISAAC
3001 W. DR. MARTIN LUTHER KING BLVD.
TAMPA, FL 33607 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: PD ( ) Delete
Name: ARGHITTU, MARY SR.
Address: 3001 W DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: MALLAH, ISAAC
Address: 3001 W DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: STD ( ) Delete
Name: DONNELLY, PAT
Address: 3001 W DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: WEST, GARY
Address: 3001 S DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: YODER, CATHY
Address: 3001 W DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: WALLACE, GEORGE
Address: 3001 W DR MLK JR BLVD
City-St-Zip: TAMPA, FL 33607

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: BRUCE D. LAMB, GENERAL COUNSEL GC 04/28/2009

Electronic Signature of Signing Officer or Director — Date