

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006943

1. Entity Name  
FRIENDS OF THE KNOTT HOUSE, INC.



Principal Place of Business  
500 S. BRONOUGH ST  
TALLAHASSEE, FL 32399

Mailing Address  
500 S. BRONOUGH ST  
TALLAHASSEE, FL 32399



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3747695

Applied For  
Not Applicable

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

MCLEOD, STEPHEN A  
FLORIDA DEPARTMENT OF STATE  
500 S. BRONOUGH 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 if not applicable.

(NOTE: Registered Agent signature required when reinstalling)

January 8, 2004  
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  
NAME DOBSON, NANCY ☐ Delete  
STREET ADDRESS 224 RUADH RIDE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME Logan, Mark ☐ Change ☒ Addition  
STREET ADDRESS 6843 Main Street  
CITY-ST-ZIP Miami Lakes, Florida 33014

TITLE  
NAME RIVERS, LARRY ☐ Delete  
STREET ADDRESS FLORIDA A & M UNIVERSITY, P.O. BOX 1123  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE  
NAME Woodward, Mayo ☐ Change ☒ Addition  
STREET ADDRESS 580 East Call Street  
CITY-ST-ZIP Tallahassee, Florida 32301

TITLE  
NAME MOYLE, JON ☐ Delete  
STREET ADDRESS 118 N. GADSDEN ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  
NAME Brunson, Jeana Ph.D. ☐ Change ☒ Addition  
STREET ADDRESS 500 South Bronough Street  
CITY-ST-ZIP Tallahassee, Florida 32399-0250

TITLE  
NAME MATTEWS, JANET S ☒ Delete  
STREET ADDRESS 500 S. BRONOUGH ST  
CITY-ST-ZIP TALLAHASSEE, FL 32399

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

TITLE  
NAME MCLEOD, STEPHEN ☐ Delete  
STREET ADDRESS 500 S. BRONOUGH ST  
CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 200032863492  
CITY-ST-ZIP 04/15/04--01022--013 \*\*\$61.25

TITLE  
NAME HUNT, ROY ☐ Delete  
STREET ADDRESS 2721 SW 4TH PLACE  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004  
Date

850.245.6375  
Daytime Phone #