2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCLIMENT # N02000009139 MATTHEW A. KNIGHT FOUNDATION, INC. Principal Place of Business Mailing Address 12902 US 301 S RIVERVIEW FL 33569 12902 US 301 S RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 03-0494455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKALSKI, JOSEPH C 14010 ROOSEVELT BLVD STE 708 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33762 City Zio Code FL 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution \Box Added to Fees Due By May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change ☐ Addition KNIGHT, RON MAME NAME 12902 US 301 S STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY - ST-ZIP GITY-ST-ZIP 3331 F ☐ Delete समह ☐ Change Addition KNIGHT, SANDRA A NAME NAME UNDONO028622 12902 US 301 S STREET ADDRESS STREET ADDRESS 02/04/04-80033-016 61.25 RIVERVIEW FL 33569 GITY-ST-78P CITY-53-7(P Delete TITLE TITLE Change Addition GRIFFIN, S. CATHERINE NAME 841 HARVEST GLEN STREET ADDRESS STREET ADDRESS PLANO TX 75023 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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FILED

1-25-2004

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