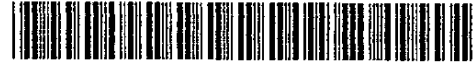


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90387 028 \*\*\*\*61.25

<b>DOCUMENT # N02000009139</b>	
1. Entity Name <b>MATTHEW A. KNIGHT FOUNDATION, INC.</b>	
Principal Place of Business 12902 US 301 S RIVERVIEW, FL 33569	Mailing Address 12902 US 301 S RIVERVIEW, FL 33569



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0494455</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SKALSKI, JOSEPH C</b> <b>14010 ROOSEVELT BLVD STE 708</b> <b>CLEARWATER, FL 33762</b>	<b>H. Stratton Smith III</b> <b>611 W. Azalea St.</b> <b>Tampa, FL 33606</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 *H. Stratton Smith III*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D KNIGHT, RON 12902 US 301 S RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, SANDRA A 12902 US 301 S RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, S. CATHERINE 841 HARVEST GLEN PLANO, TX 75023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 *Ronald A. Knight* **RONALD A. KNIGHT** 4/12/05 813 6776775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #