


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009139	
1. Entity Name MATTHEW A. KNIGHT FOUNDATION, INC.	

Principal Place of Business 12902 US 301 S RIVERVIEW, FL 33569	Mailing Address 12902 US 301 S RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0494455	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

SMITH, H. STRATTON III
611 W AZAELE ST
TAMPA, FL 33606

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNIGHT, RON
STREET ADDRESS	12902 US 301 S
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	KNIGHT, SANDRA A
STREET ADDRESS	12902 US 301 S
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	GRIFFIN, S. CATHERINE
STREET ADDRESS	841 HARVEST GLEN
CITY-ST-ZIP	PLANO, TX 75023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sandra A. Knight **3-22-2007** **813 642-9571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sandra A. Knight