


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90016 010 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N34224</b><br>1. Entity Name<br>KNOWLEDGE, INCORPORATED   |  |   |  |    |  |
| Principal Place of Business<br>3773 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33713  |  |   | Mailing Address<br>3773 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33713           |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                    |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   |  | Country   |  | Zip   |  |
| 6. Name and Address of Current Registered Agent<br><br>WINEBRENNER, JACK M.<br>1384 54TH AVENUE NE<br>ST. PETERSBURG, FL 33713  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WINEBRENNER, JACK M.<br>1384 54TH AVE. NE<br>ST. PETERSBURG, FL |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>WINEBRENNER, LAWRENCE M.<br>5431 NW 167TH ST<br>OPA LOCKA, FL  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>WINEBRENNER, WENDY<br>1384 54TH AVE NE<br>ST PETERSBURG, FL    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <i>Jack Winebrenner, EA</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | JACK WINEBRENNER 2/22/06 727/327-1256<br><small>Date Daytime Phone #</small> |   |  |

40018017



02222006 Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0150387

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required