

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005668

FILED
Jan 26, 2009
Secretary of State

Entity Name: JOHN S. AND JAMES L. KNIGHT FOUNDATION, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE 3300
MIAMI, FL 331312349 US

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD.
SUITE 3300
MIAMI, FL 331312349 US

New Mailing Address:

FEI Number: 65-0464177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JUAN J MR
200 S. BISCAYNE BLVD.
SUITE 3300
MIAMI, FL 331312349 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IBARGUEN, ALBERTO
Address: 200 S BISCAYNE BLVD, STE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: CD () Delete
Name: AUSTIN, W G DR
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: VT () Delete
Name: MARTINEZ, JUAN J MR
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: S () Delete
Name: MEYER, LAWRENCE
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: D () Delete
Name: NOLAND, MARIAM
Address: 200 S BISCAYNE BLVD, STE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: D () Delete
Name: ALVAREZ, CESAR MR
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 331312349 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: LAWRENCE, BELINDA T MRS.
Address: 200 S. BISCAYNE BLVD., SUITE 3300
City-St-Zip: MIAMI, FL 331312349 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN J MARTINEZ

VT

01/26/2009

Electronic Signature of Signing Officer or Director

Date