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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90058 029 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004868**

1. Corporation Name

**THE KNIGHTS' PROJECT, INC.**

Principal Place of Business

100 W 32 CT  
RIVIERA BEACH FL 33404

Mailing Address

PO BOX 11562  
RIVIERA BEACH FL 33419

3 5 7 2 8 3  
357303 - 90058 - 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0806625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**KNIGHT, RENITTA H**  
100 W 32 CT  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KNIGHT, RENITTA**  
STREET ADDRESS **100 W 32 CT**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **STD** ☐ DELETE

NAME **LUNDY, DOUGLAS**  
STREET ADDRESS **100 W 32 CT**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **PD** ☐ DELETE

NAME **GADSON, CHEVETTE**  
STREET ADDRESS **1480 NW 3 ST**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☒ DELETE

NAME **PATTERSON, JUSTINE**  
STREET ADDRESS **624 6TH ST**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD**

**Knight, Renitta**

**100 W. 32nd CT**

**Riviera Beach, FL 33404**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**TD**

**Lundy, Douglas**

**100 W. 32nd CT**

**Riviera Beach, FL 33404**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD**

**Gadson, Chevette**

**1480 NW 3rd St.**

**Boynton Beach, FL 33435**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D**

**Brenda Mc Bride, Ph.D**

**4700 Broadway**

**West Palm Beach, FL 33407**

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Renitta Knight*  
**RENITTA KNIGHT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-863-5791**

0042832

14100