

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90004 034 \*\*\*\*61.25

**DOCUMENT # N98000002261**  
 1. Entity Name  
 KNIGHT VISION FOUNDATION, INC.



Principal Place of Business: %MICHAEL SCHWARTZ, CPA, 2580 SUNRISE HIGHWAY, BELLMORE, NY 11710  
 Mailing Address: %MICHAEL SCHWARTZ, CPA, 2580 SUNRISE HIGHWAY, BELLMORE, NY 11710

14018217



05162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0829583 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLISH, SHELDON  
 515 EAST LAS OLAS BLVD.  
 SUITE 1500  
 FORT LAUDERDALE, FL 33301

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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 September 7, 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	VSD KLEINKNECHT, PETER 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLEINKNECHT, MAUREEN 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, GAVIN 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, SABRINA 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, KEIR 960 REEF ROAD VERO BEACH, FL 32963
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 exemption stated in Section 119.07(3)(f), 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: [Signature] M. KLEINKNECHT 6/25/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #