

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 08:00 A
Secretary of State

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



05102007 No Chg-NP

CR2E037 (4/06)

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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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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	

U00000765484
06/01/07-80007-004 61.25

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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: MAUREEN KLEINKNECHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/22/07 Daytime Phone # _____