

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002261

FILED
Jan 07, 2010
Secretary of State

Entity Name: KNIGHT VISION FOUNDATION, INC.

Current Principal Place of Business:

%MICHAEL SCHWARTZ, CPA
2580 SUNRISE HIGHWAY
BELLMORE, NY 11710

New Principal Place of Business:

Current Mailing Address:

%MICHAEL SCHWARTZ, CPA
2580 SUNRISE HIGHWAY
BELLMORE, NY 11710

New Mailing Address:

FEI Number: 65-0829583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLISH, SHELDON
515 EAST LAS OLAS BLVD.
SUITE 1500
FORT LAUDERDALE, FL 33301 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: VSD
Name: KLEINKNECHT, PETER
Address: 960 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: PTD
Name: KLEINKNECHT, MAUREEN
Address: 960 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: KLEINKNECHT, GAVIN
Address: 960 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: KLEINKNECHT, SABRINA
Address: 960 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: KLEINKNECHT, KEIR
Address: 960 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

I hereby 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 all other like empowered.

SIGNATURE: PETER KLEINKNECHT

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date