## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002261

FILED Feb 21, 2011 Secretary of State

Entity Name: KNIGHT VISION FOUNDATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

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

MICHAEL SCHWARTZ, CPA 2580 SUNRISE HIGHWAY BELLMORE, NY 11710

**Current Mailing Address:** 

New Mailing Address:

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

MICHAEL SCHWARTZ, CPA 2580 SUNRISE HIGHWAY BELLMORE, NY 11710

FEI Number: 65-0829583

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLISH, SHELDON 515 EAST LAS OLAS BLVD. **SUITE 1500** FORT LAUDERDALE, FL 33301 US

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:**

VSD

KLEINKNECHT. PETER Name: Address: 960 REEF ROAD City-St-Zip: VERO BEACH, FL 32963

Title:

Name: KLEINKNECHT, MAUREEN

Address: 960 REEF ROAD

City-St-Zip: VERO BEACH, FL 32963

Title:

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

Title:

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

Title:

KLEINKNECHT, KEIR Name: 960 REFEROAD Address: VERO BEACH, FL 32963 City-St-Zip:

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

MR

02/21/2011