

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741760

Entity Name: JOHN KNOX VILLAGE OF FLORIDA, INC.**Current Principal Place of Business:**651 VILLAGE DRIVE
POMPANO BEACH, FL 33060**Current Mailing Address:**651 VILLAGE DRIVE
POMPANO BEACH, FL 33060 US**FEI Number: 59-1800721****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCHARMANN, ROBERT P
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060 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**Officer/Director Detail :**

Title CD
Name KNIBLOE, II, CPA, WILLIAM G
Address 401 EAST LAS OLAS BLVD.
1100
City-State-Zip: FT. LAUDERDALE FL 33301

Title SD
Name WEBB, WILLIAM A
Address 404 E. ATLANTIC BLVD.
City-State-Zip: POMPANO BEACH FL 33060

Title TREASURER
Name SIMPSON, PAUL
Address 1514 NE 7TH STREET
City-State-Zip: FT. LAUDERDALE FL 33304

Title VCD
Name DEJONG, DIRK
Address 1314 E. ATLANTIC BLVD.
City-State-Zip: POMPANO BEACH FL 33060

Title P
Name SCHARMANN, ROBERT P
Address 651 VILLAGE DRIVE
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name ULITSCH, PAULINE
Address 502 LAKESIDE CIRCLE
City-State-Zip: POMPANO BEACH FL 33060

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: ROBERT P. SCHARMANN**PRESIDENT/CEO****03/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date