

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34224

**Entity Name:** KNOWLEDGE, INCORPORATED

**Current Principal Place of Business:**

1384 54 AVE NE  
SAINT PETERSBURG, FL 33703

**Current Mailing Address:**

PO BOX 55368  
SAINT PETERSBURG, FL 33732 US

**FEI Number:** 65-0150387

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WINEBRENNER, JACK M  
1384 54TH AVENUE NE  
ST. PETERSBURG, FL 33713 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 PD  
Name WINEBRENNER, JACK M  
Address 1384 54TH AVE. NE  
City-State-Zip: ST. PETERSBURG FL

Title D, VP  
Name WINEBRENNER, LAWRENCE M  
Address 5431 NW 167TH ST  
City-State-Zip: OPA LOCKA FL 33055

Title S, D  
Name SAYLES, KRISTI  
Address 1384 54TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33703

*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:** JACK M. WINEBRENNER

PD

04/25/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date