

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713010

(7)

1. Corporation Name

JOHN KNOX HOUSING, INC.



Principal Place of Business

Mailing Address

**1035 ARLINGTON AVE. N.
ST. PETERSBURG FL 33705
US**

**1051 2ND AVENUE NORTH
ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified

06/28/1967

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1209293

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AHRENHOLZ, THOM
1051 2ND AVENUE N.
ST PETERSBURG FL 33705**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Thomas Ahrenholz

THOMAS Ahrenholz

2/9/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **S
MILLER, LAURA**
STREET ADDRESS **390 WASHINGTON CT**
CITY-ST-ZIP **FT. MYERS BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DAS
NEWMAN, PATRICIA**
STREET ADDRESS **2517 7TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VP
ALBERTS, HENK**
STREET ADDRESS **10911 CARROLLWOOD DR**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD
ROLLESTONE, JIM**
STREET ADDRESS **5315 BOW LINE BEND**
CITY-ST-ZIP **NEW PORT RICKEY FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **P
ZABLE, ELIZABETH A.**
STREET ADDRESS **5620 HALFMOON LAKE ROAD**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD
EWALT, FLOYD**
STREET ADDRESS **1528 SPRINGWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth A. Zable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
Date

813-874-0368
Daytime Phone #

CR2E037 (12/95)