

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90042 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 713010**

1. Corporation Name

**JOHN KNOX HOUSING, INC.**

Principal Place of Business

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

Mailing Address

 1051 2ND AVENUE NORTH  
 ST. PETERSBURG FL 33705


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/28/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1209293	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 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

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LAURA	1.2 NAME	
STREET ADDRESS	390 WASHINGTON CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, IDRIS	2.2 NAME	
STREET ADDRESS	2084 MASSACHUSETTS AVE., N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, HENK	3.2 NAME	
STREET ADDRESS	10911 CARROLLWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLESTONE, JIM	4.2 NAME	
STREET ADDRESS	5315 BOW LINE BEND	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICKEY FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABLE, ELIZABETH A.	5.2 NAME	
STREET ADDRESS	5620 HALFMOON LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EWALT, FLOYD	6.2 NAME	Montwid, Ron
STREET ADDRESS	1528 SPRINGWOOD DRIVE	6.3 STREET ADDRESS	2414 Coventry Ave.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Lakeland, FL 33803

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Elizabeth A. Zable* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

727-894-0368

Daytime Phone #

CR2E037 (11/98)