

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713010

Entity Name: JOHN KNOX HOUSING, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1051 2ND AVENUE NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-1209293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: MILLER, LAURA
Address: 390 WASHINGTON CT
City-St-Zip: FT. MYERS BEACH, FL

Title: SD () Delete
Name: DAVIES, IDRIS
Address: 2084 MASSACHUSETTS AVE., N.E.
City-St-Zip: ST. PETERSBURG, FL

Title: VP () Delete
Name: ALBERTS, HENK,
Address: 10911 CARROLLWOOD DR
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: NUSSBAUM, LEO
Address: 6909 9TH ST SOUTH #336
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: ASD () Delete
Name: LUKENS, ELAINE
Address: 2245 GLENMOOR ROAD
City-St-Zip: CLEARWATER, FL 34624

Title: VD () Delete
Name: JONES, GLORIA
Address: 4302 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALBERTS, HENK
Address: 10911 CARROLLWOOD DR
City-St-Zip: TAMPA, FL

Title: TD (X) Change () Addition
Name: WHITLOCK, PAUL
Address: PO BOX 742
City-St-Zip: ARCADIA, FL 34265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: IDRIS DAVIES

SD

04/22/2004

Electronic Signature of Signing Officer or Director

Date