

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713010

Entity Name: JOHN KNOX HOUSING, INC.**Current Principal Place of Business:**1035 ARLINGTON AVE. N.
ST. PETERSBURG, FL 33705**Current Mailing Address:**1050 BURLINGTON AVE N
ST. PETERSBURG, FL 33705 US**FEI Number:** 59-1209293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, DEJE WRAY
1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705 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:** DEJE PETERSON

04/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name BOGGS, SCOTT
Address 1050 BURLINGTON AVE N
City-State-Zip: ST. PETERSBURG FL 33705

Title VD
Name MINER, TOM
Address 2493 BREAKWATER CIR
City-State-Zip: SARASOTA FL 34231

Title TREASURER
Name MILLER, NANCY CLARK
Address 656 16TH AVE NE
City-State-Zip: ST. PETERSBURG FL 33704

Title VP, DIRECTOR
Name PIEPER, NATHANIEL
Address 823 S ROXMERE RD
City-State-Zip: TAMPA FL 33609

Title PRESIDENT, DIRECTOR
Name WILSON, JAMES
Address 16498 EDMONT DRIVE
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY
Name SHAW, HELEN
Address 701 62ND AVE S
City-State-Zip: ST. PETERSBURG FL 33705

Title ASST. TREASURER
Name FREDRICKS, DIANA
Address 1050 BURLINGTON AVE N
City-State-Zip: ST. PETERSBURG FL 33705

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: JAMES WILSON**PRESIDENT**

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date