

2014 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**FEI Number:** 59-1209293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONDOR, DEJE EX DIR
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ATD
Name	WYKE, EDWARD D
Address	6101 34TH ST. W., APT. 29G
City-State-Zip:	BRADENTON FL 34210

Title	SD
Name	SHANNON, EUGENIA
Address	401 57TH STREET W
City-State-Zip:	BRADENTON FL 34209

Title	ASD
Name	JONES, GLORIA
Address	4302 DEEPWATER LANE
City-State-Zip:	TAMPA FL 33615

Title	VD
Name	RUUD, CLIFF
Address	12014 TIMBERHILL DR
City-State-Zip:	RIVERVIEW FL 33569

Title	TD
Name	BROWN, HARRIS
Address	9291 MERRIMOOR BLVD
City-State-Zip:	LARGO FL 33777

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 EDGEMONT DRIVE
City-State-Zip:	FORT MYERS FL 33908

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****02/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date