

**2019 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

04/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name ASPY, EUGENE  
Address 17 GOLF VIEW CIR  
City-State-Zip: WINTER HAVEN FL 33881

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

*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**

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date