

2016 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:**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

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ATD
Name	WYKE, EDWARD D
Address	1700 21ST AVE W #118
City-State-Zip:	BRADENTON FL 34205
Title	SD
Name	JONES, GLORIA
Address	4302 DEEPWATER LANE
City-State-Zip:	TAMPA FL 33615
Title	TD
Name	MILLER, NANCY CLARK
Address	656 16TH AVE NE
City-State-Zip:	ST. PETERSBURG FL 33704
Title	PRESIDENT, DIRECTOR
Name	WILSON, JAMES
Address	16498 EDMONT DRIVE
City-State-Zip:	FORT MYERS FL 33908

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

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

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date