

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000013790

1. Entity Name
ST JOHN HOUSING CORPORATION III, INC.



Principal Place of Business

1324 N.W. 3RD AVENUE
MIAMI, FL 33136

Mailing Address

PO BOX 015344
MIAMI, FL 33101-5344 US



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0390524

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALEXANDER, DAVID J
1324 NW THIRD AVENUE
MIAMI, FL 33136

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, NELSON L III M
STREET ADDRESS	1098 NE 95 ST
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	P
NAME	KING, JOHNNIE L
STREET ADDRESS	1310 NW 52ND STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	BAKER, ROBERT
STREET ADDRESS	1760 NW 132ND ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	ROBINSON, ANDREW
STREET ADDRESS	720 NE 155 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000003740
03/14/05-80110-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnnie L King

JOHNNIE L. KING

03/08/05

305-751-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #