2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000013790

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

Principal Place of Business	Mailing Address
1324 N.W. 3RD AVENUE MIAMI, FL 33136	PO BOX 015344 MIAMI, FL 33101-5344 US

01052006 No Chg-P CR2E034 (11/05)

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

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80058-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/23/06 305-751-4417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #