

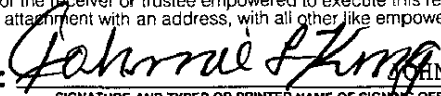


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 027 ***158.75

DOCUMENT # S19584 1. Entity Name ST JOHN HOUSING CORPORATION, INC.					
Principal Place of Business % ST JOHN CDC P.O. BOX 015344 MIAMI FL 33101-5344			Mailing Address % ST JOHN CDC P.O. BOX 015344 MIAMI FL 33101-5344		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0241237 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAYS, DAVID E 1324 NW THIRD AVENUE MIAMI FL 33136			Name DAVID J. ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 1324 NW THIRD AVENUE City MIAMI FL Zip Code 33136		
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  DAVID J. ALEXANDER, EXECUTIVE DIRECTOR 2/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D NELSON, L. ADAMS I M.D. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1098 N.E. 95TH ST.		NAME		
STREET ADDRESS	MIAMI SHORES FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D JOHN H TAYLOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1465 NW 203RD ST		NAME		
STREET ADDRESS	MIAMI FL 33169		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BAKER, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1760 N.W. 132ND ST.		NAME		
STREET ADDRESS	MIAMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST ROBINSON, ANDREW <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	720 N.E. 115 TERR.		NAME		
STREET ADDRESS	N. MIAMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P KING, JOHNNIE L <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1310 NW 52ND ST		NAME		
STREET ADDRESS	MIAMI FL 33142		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/18/04		
			305-751-4417		
			Date Daytime Phone #		