

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0241237

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 AVE.
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, L. ADAMS I.M.D.
1098 N.E. 95TH ST.
MIAMI SHORES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHN H TAYLOR
1465 NW 203RD ST
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, ROBERT
1760 N.W. 132ND ST.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROBINSON, ANDREW
720 N.E. 115 TERR.
N. MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KING, JOHNNIE L
1310 NW 52ND ST
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(f), 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

03/10/05

305-751-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #