2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S19584

1. Entity Name
ST JOHN HOUSING CORPORATION, INC.

Principal Place of Business	Mailing Address
% ST JOHN CDC P.O. BOX 015344 MIAMI, FL 33101-5344	% ST JOHN CDC P.O. BOX 015344 MIAMI, FL 33101-5344

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

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, 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	NELSON, L. ADAMS I M.D.
STREET ADDRESS	1098 N.E. 95TH ST.
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	D
NAME	JOHN H TAYLOR
STREET ADDRESS	1465 NW 203RD ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	BAKER, ROBERT
STREET ADDRESS	1760 N.W. 132ND ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	ROBINSON, ANDREW
STREET ADDRESS	720 N.E. 115 TERR.
CITY-ST-ZIP	N. MIAMI, FL
TITLE	P
NAME	KING, JOHNNIE L
STREET ADDRESS	1310 NW 52ND ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80054-005 158.75

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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 #