

PREMARITAL COURSE PROVIDER AFFIDAVIT

STATE OF FLORIDA, CLERK OF THE CIRCUIT COURT
COUNTY OF HERNANDO

Before me, the undersigned authority, personally appeared the individual designated at "Affiant" in Paragraph 1 of this affidavit, and after first being duly cautioned and sworn, the said Affiant deposes and states as follows:

1. Affiant's name is: Kevin E. Knox

2. Affiant's address is: 1369 Century Oak Dr.
Ocoee, FL 34761

Phone 407-521-8697

3. Affiant is the provider of a premarital preparation course.

4. The premarital preparations course's instructor's name is: Kevin E. Knox

5. The premarital preparation course instructor's qualifications are as follows:
(Check applicable qualification(s) and provide license number where indicated)

a) _____ Psychologist licensed under Chapter 490, Florida Statutes:
License Number _____.

b) _____ Clinical social worker licensed under chapter 491, Florida Statutes:
License Number _____.

c) _____ Marriage and family therapist licensed under chapter 491, Florida Statutes
License Number _____.

d) _____ Mental health counselor licensed under chapter 491, Florida Statutes:
License Number _____.

e) Official representative of a religious institution recognized under Florida Statute 496.404(20)

I have had the following relevant training: B.S Psychology, Masters of
Divinity, 23yr experience

f) _____ A provider designed in writing by a chief judge of a judicial circuit.

6. Affiant has complied with the premarital preparation course requirements as set forth in Florida Statute 741.0305 for providers of premarital preparation courses.

Kevin E. Knox
Affiant

Sworn to and subscribed before me this 11th day of February, 2004, by Kevin Knox

Affiant, who is personally known to me or who produced the following identification: personally known

Affix Official Seal

Jeresa Oh Knox
Notary Public



Premarital Course Provider Affidavit

Clerk of the Circuit Court Hernando County

Provider Name: Kevin E. Knox

Address: 1369 Century Oak Drive
Ocoee, FL 34761

Telephone Number: 407-521-8697

Instructors' names - include license number, if any:

Please attach instructor qualifications. If the instructor is a representative of a religious institution, please attach a statement as to relevant training.

As a representative of The United Methodist Church, a provider of a premarital preparation course, I hereby certify and attest that the provider has met the requirements as set forth in s. 741.0305, Florida Statutes.

NAME: Kevin E. Knox *Rev (Imp)* DATE Feb 11, 2004

TITLE: Reverend

Sworn to (or affirmed) and subscribed before me this 11th day of February, 2004,
by Kevin E. Knox

Teresa W. Knox
Signature of Notary Public, State of Florida

My Commission DD182026
Expires April 01, 2006

(Print, Type, or Stamp Commissioned Name of Notary Public)

Check one only: Personally known
 Produced Identification
Type of Identification Produced _____