

AFFIDAVIT OF INSTRUCTOR

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Before me the undersigned authority, personally appeared Kevin E Knox who, being duly sworn, deposes and says:

- 1. I have met all the requirements for a Premarital Course Provider under Section 741.0305 and as such am qualified to serve as a Premarital Course Provider.
2. As an instructor, my qualifications and license number (if any) are included and attached hereto and made a part hereof.
3. At the conclusion of the Premarital Course, all course participants will be issued a Certificate of Completion in compliance with the requirements set forth under Chapter 741.
4. Rev. Kevin E. Knox may be contacted at the following address(es):

1st address: 1369 Century Oak Dr, Ocoee, FL
2nd address (optional):

Phone: 866-521-8697
Fax: 407-445-8665

5. The above statements are true and shall take effect upon the signing of this affidavit.

Kevin E Knox
Signature

SWORN TO AND SUBSCRIBED BEFORE ME this 16th day of February, 2004 by Kevin E Knox, who is personally known to me or has produced as identification.

Teresa W Knox
Signature of Notary

(SEAL)

Teresa W. Knox
Printed Name of Notary Public

Commission Number:
Commission Expiration Date: