

PREMARITAL COURSE PROVIDER AFFIDAVIT



STATE OF FLORIDA
COUNTY OF INDIAN RIVER

BEFORE ME this day personally appeared Rev. Kevin E. Knox
who being duly sworn, deposed and stated:

- 1. Provider Organization Name United Methodist Church
- 2. Provider Address 1369 Century Oak Dr
Ocoee, FL 34761
- 3. Provider Phone Number 407-521
- 4. Instructors Name (including license number if any) Kevin Knox

5. Attached hereto are instructor's qualifications. If instructor is an official representative of a religious institution, statement as to relevant training is attached.

6. As a representative of the United Methodist Church provider of a

Premarital Preparation Course, I hereby certify and attest that I have met the requirements Set forth in Section 741.0305, Florida Statutes.

Kevin E. Knox
Provider Representative

SWORN TO AND SUBSCRIBED before me this 17th day of NOVEMBER, 2012

By Kevin E. Knox who is personally known to me or who provided Identification and who did take an oath.

Teresa O. Knox
Notary Public

REGISTRATION AFFIDAVIT FOR
PREMARITAL PREPARATION COURSE PROVIDER
Florida Statute Section 741.0305

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

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

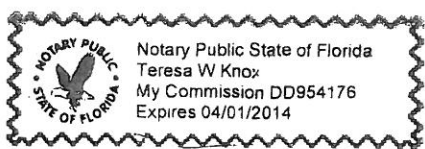
1. Affiant's name is: Rev. Kevin E. Knox
2. Affiant's address is: 1369 Century Oak Dr
Ocoee, FL
34761
Affiant's daytime phone number is: 407-521-8697
3. Affiant is the provider of a premarital preparation course as prescribed by Chapter 741, Laws of Florida.
4. The premarital preparation course's instructor's name is: Rev. Kevin Knox
5. The premarital preparation course instructor's qualifications are as follows:
(Check applicable qualification(s) and provide license # where indicated)
 - a) ___ Psychologist licensed under Chapter 490, Florida Statutes, with the license number:
 - b) ___ Clinical social worker licensed under Chapter 491, Florida Statutes, with the license number:
 - c) ___ Marriage and family therapist licensed under Chapter 491, Florida Statutes, with the license number:
 - d) ___ Mental health counselor licensed under Chapter 491, Florida Statutes, with the license number:
 - e) Official representative of a religious institution recognized under Florida Statute 496.404(20)
This official has had the following relevant training:
Bachelor Science in Psychology, University of Florida
Master's of Divinity, Emory University 130+ yrs of Experience
 - f) ___ A provider designated in writing by the Chief Judge of the judicial circuit in Indian River County, Florida.
6. Affiant has complied with the premarital preparation course requirements as set forth in section 741.0305(1998) for providers of premarital preparation courses.
7. Affiant is executing and filing this Affidavit with the Indian River County Clerk of the Circuit Court to comply with the registration requirements of Florida Statute 741.0305 (1998) for providers of premarital preparation courses.
8. Affiant will notify the Office of the Clerk in writing if any of the information indicated above changes in any way

FURTHER AFFIANT SAYETH NAUGHT

Kevin E. Knox
Affiant's Signature
Kevin Eric Knox
Print Affiant's Name

Sworn to and subscribed before me this 17th day of NOVEMBER, 2012 by Kevin Knox
Affiant who is personally known to me or who produced the following identification:

Affix Official Seal:



Teresa W. Knox
Clerk of the Circuit Court/Deputy Clerk/Notary Public
Name of Notary: TERESA W. KNOX
Notary's Commission # DD954176