

PREMARITAL COURSE PROVIDER AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Palm Beach

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

1. Provider Name Kevin E. Knox
2. Provider Address 1369 Century Oak Drive, Ocoee, FL 34761
3. Instructors Name (including any license number if any) Kevin E. Knox
4. Attached hereto are instructors qualifications. If instructor is an official representative of a religious institution, statement as to relevant training is attached.
5. 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.

[Signature]
Witness/Provider

SWORN TO AND SUBSCRIBED before me this 11th day of

February, ~~1999~~ ²⁰⁰⁴. By Kevin E. Knox, who is

personally known to me or who provided identification and who did take an oath.

Teresa W. Knox
Notary Public



Teresa W Knox
My Commission DD182028
Expires April 01, 2006

TERESA W. KNOX