## POLK COUNTY, FLORIDA

| CHURCH NAME   | 1 he United                     | Methodist C                          | hanh_                       |
|---|---------------------------------|--------------------------------------|-----------------------------|
| ADDRESS   | 1369 Cen,                       | Tany Oak Dr                          |                             |
|   | Occee, FL                       |                                      |                             |
|   | 34761                           |                                      |                             |
| Telephone Number:                                       | 407-521-86                      | 97                                   |                             |
| Instructors' names (p                                   | rinted name & signature         | of each) - include lice              | nse number, if any:         |
| _ Rev. Kevi   | N EME KACK                      |                                      | and a company as assay a    |
| £3  |                                 |                                      |                             |
| ·   | *                               |                                      |                             |
|   |                                 |                                      |                             |
|   |                                 |                                      |                             |
| Please attach instructor                                | Theirfeeting Tout               |                                      |                             |
| Please attach instructor of please attach a statement   | luanications. If the instru     | ictor is a representative            | of a religious institution, |
|   |                                 |                                      |                             |
| As a representative of                                  | United Method                   | dist Church                          | , a provider of a           |
| premarital preparation con<br>as set forth in 741.0305, | urse. I hereby certify and a    | attest that the provider h           | as met the requirements     |
|   |                                 |                                      |                             |
| eri (   | Revin Recin                     | E. KNOX                              | 2/13/04                     |
| SIGNATURE /   | Please print name               |                                      | DATE                        |
|   |                                 | JI.                                  |                             |
| The foregoing affidavit w                               | as acknowledged before          | me this $13^{10}$ day of _           | FEBRUARY                    |
| LOU I, by _ KCHIN C.                                    | Ehox " on                       | minister                             | . )                         |
| tor <u>Revin</u> E K                                    | nox.                            | (type of authoritye.g. officer, trus | ice, stiomey in fact)       |
| (name of provider on behalf of wh                       | on infraren was escured)        | 1                                    |                             |
| a + 3•  |                                 | Jeresa C                             | In Knox                     |
|   | •                               | Signature of Chiny/Pablic            | saio States of 26 Torida    |
|   |                                 | OF FLOR Expires Apr                  | il 01, 2006                 |
|   |                                 | Print, Type or Stamp Name of Con     | missioned Notary Public     |
| Personally Known  | OR                              |                                      | <b>a</b> . 5, 773777        |
| Produced Identification                                 | Type of Identification Produced | <b>t</b>                             |                             |

PLEASE RETURN TO: Richard M. Weiss, Clerk of Courts, P.O. Box 9000, Drawer CC-12, Bartow, FL 33831-900

