

PREMARITAL COURSE PROVIDER AFFIDAVIT

STATE OF FLORIDA
COUNTY OF St. Lucie

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

1. Provider Name Kevin Knox
2. Provider Address 1369 Centary Oak Dr
Ocoee, FL 34761
- Phone Number 407-521-8687
3. Instructors Name (including license number if any) Rev. Kevin 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.

Kevin E Knox
Witness/Provider

SWORN TO AND SUBSCRIBED before me this 13th day of February, 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