

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90025 037 ****61.25



DOCUMENT # 707224

1. Entity Name

KATHLEEN BAPTIST CHURCH, INC.

Principal Place of Business

3939 2ND STREET, NW
PO BOX 329
KATHLEEN FL 33849

Mailing Address

3939 2ND STREET, NW
PO BOX 329
KATHLEEN FL 33849



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1168997

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ADRIAN E
4624 LEWELLYN RD
LAKELAND FL 33810

Name

Street Address (P.O. Box Number is Not Acceptable) -

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Adrian Taylor

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
TD	POLLOCK, NELL	5321 GIBSONIA-GALLOWAY R	LAKELAND FL	<input type="checkbox"/> Delete
SD	WATSON, IRVIN	4103 GROVE PLACE	LAKELAND FL	<input checked="" type="checkbox"/> Delete
PD	TAYLOR, ADRIAN E	4624 LEWELLYN RD	LAKELAND FL 33810	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	DONALD LAIN	440 Windermere Dr	LAKELAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adrian Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Crpa

Crpa Fee #