## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # 751743** 1. Entity Name 1-28-2004 90266 010 \*\*\*\*61.25 KAINOS INTERNATIONAL CHURCH OF FLORIDA, INC. Principal Place of Business ... Mailing Address 205 JOHNSON STREET PLANT CITY FL 33563 PO BOX 804 PLANT CITY FL 33564-0804 3. Mailing Address Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 38-3380859 3356 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLUELLEN, CURTIS JR Street Address (P.O. Box Number is Not Acceptable) 1336 DRAGONHEAD DR. VALRICO FL 33594 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE ☐ Delete TITLE Addition LOVE, PARTICIA NAME NAME 1301 EAST OHIO STREET STREET ADDRESS STREET ADDRESS PLANT CITY FL 33563 CITY-ST-ZIP. CITY-ST-ZIP TITLE > \*\*\* ☐ Delete Change ☐ Addition BURNETT, LORRAINE NAMÊ : NAME 1301 W. BATES STREET STREET ADDRESS STREET ADDRESS PLANT CITY FL 33563 CITY-ST-2IP CITY- ST- 7IP TITLE ☐ Delete TITLE Change ☐ Addition RHODEN, BELINDA NAME NAME 3013 OAKVIEW LANE STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change RICHARDSON, VINSON 5874 TROPHY LP STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-2IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE FLUELLEN, VICKIE NAME NAME 1336 DRAGONHEAD DR. STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change - Addition TITLE TITE F FLUELLEN, CURTIS JR 1336 DRAGONHEAD DR. STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

FILED