2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 751743

Entity Name: KAINOS INTERNATIONAL CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

802 E BAKER ST
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 804
PLANT CITY, FL 335640804

New Mailing Address:

FEI Number: 38-3380859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLUELLEN, CURTIS JR
907 LOGAN DERRY LN
APT 101
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	RAINES, CYNTHIA	
Address:	1803 E. ALABAMA STREET	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	PD	( ) Delete
Name:	BURNETT, LORRAINE	
Address:	4118 KIPLING AVENUE	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	TD	( ) Delete
Name:	LOVE, PATRICIA	
Address:	3012 COUNTRY TRAILS DRIVE	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	S	( ) Delete
Name:	FLUELLEN, VICKIE	
Address:	907 LOGANDERRY LN APT 101	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	D	( ) Delete
Name:	FLUELLEN, CURTIS JR	
Address:	907 LOGANDERRY LN APT 101	
City-St-Zip:	PLANT CITY, FL 33563	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE BURNETT PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date