

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90188 050 ****61.25

DOCUMENT # 751743

1. Entity Name

KAINOS INTERNATIONAL CHURCH OF FLORIDA, INC.



Principal Place of Business

**205 JOHNSON STREET
PLANT CITY FL 33566
US**

Mailing Address

**PO BOX 804
PLANT CITY FL 33564-0804**

2. Principal Place of Business

205 S. Johnson St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Zip

33563

Country

Hillborough

Zip

Country

4. FEI Number **38-3380859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLUELLEN, CURTIS JR.
942 LOGANDERRY LANE
APARTMENT 207
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name

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

1336 Dragonhead Drive

City **Valrico**

FL

Zip Code **33594**

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

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	LOVE, PARTICIA	
STREET ADDRESS	1301 EAST OHIO STREET	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNETT, LORRAINE	
STREET ADDRESS	1301 W. BATES STREET	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	V	<input type="checkbox"/> Delete
NAME	RHODEN, BELINDA	
STREET ADDRESS	3013 OAKVIEW LANE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, VINSON	
STREET ADDRESS	1301 W BATES STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SHERRY	
STREET ADDRESS	361 MARKET SQUARE EAST	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RODERICK	
STREET ADDRESS	361 MARKET SQUARE EAST	
CITY-ST-ZIP	LAKELAND FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Vinson	
STREET ADDRESS	5874 Trophy Loop	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fluellen, Vickie	
STREET ADDRESS	1336 Dragonhead Drive	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Fluellen Jr	
STREET ADDRESS	1336 Dragonhead Drive	
CITY-ST-ZIP	Valrico FL 33594	

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.

SIGNATURE: **LORRAINE BURNETT** Lorraine Burnett, 3/18/03, (813) 752-1857

CR2E037 (10/02)