FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766717 (3)

Mailing Address

RUSKIN FL 33570

2a. Mailing Address

1505 GULF CITY RD

KOINONIA - 33570, INC.

Principal Place of Business

2. Principal Place of Business

802 4TH ST., S.W.

RUSKIN FL 33570

FILED Jan 21 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

01/26/1983

59-2259018

4. FEI Number

21		26 Viziting Address			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution	
City & State City & State				7. Is this nonprofit corporation a homeowners association?		
23 28					☐ Yes ☐ No	
Zip Country		Zip	· — ′		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes 🗷 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			8	Name		
BROWN, TOM FAIRFIELD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
1511 SUN CITY CENTER PLAZA						
SUN CITY CENTER FL 33570			83	'		
			84	City	85 Zip Code	
					FL " '	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporations bearing the submit of the purpose of changing its registered of the purpose of the purpo						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
_	Signature, typed or printed name of registered agent			jent signature require		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.3 TITLE		Change Addition	
NAME	FOLTS, JEFFREY		1,2 NAME			
STREET ADDRESS	1505 GULF CITY RD.,#9			T ADDRESS		
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	1	Change Addition	
NAME	BORDNER, DEBRA		2,2 NAME	i i		
STREET ADDRESS	5005 BONITA DR.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	WIMAUMA FL		2. 4 CITY-	ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	[L Change L Addition	
NAME	BUHRKUHL, BETTY		3,2 NAME	-		
STREET ADDRESS	1505 GULF CITY RD		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	RUSKIN, FL 00000		3,4, CITY-		P-1	
TITLE	D	⊠ DELETE	4,1 TITLE	P	Change 🔀 Addition	
NAME	BUHRKUHL, WILLIAM R		4, 2 NAM8	₹,	may Houghtalin Linds	
STREET ADDRESS	1505 GULF CITY RD		4.3 STREE	T ADDRESS	rey Houghtalin Cindi & 1505 Gulf City Rd - Lot 7 Ruskin, Fl. 33570	
CITY-ST-ZIP	RUSKIN, FL 00000		4.4 CITY -	ST-ZIP	Ruskin, F1. 33570	
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	FOLTS, DAWN		5,2 NAME			
STREET ADDRESS	1505 GULF CITY RD.,#9		5.3 STREE	TADDRESS		
CITY - ST - ZIP	RUSKIN FL		5.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition	
NAME	BORDNER, BILLY		6.2 NAME	1		
STREET ADDRESS	5005 BONITA DR.		6.3 STREE	T ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	7. % 	6.4 CITY-	ST-ZIP		
14. 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 annual report or supplemental annual 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						
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 12 or Block 13 if changed, or on an attachment with an address.						