#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

### DOCUMENT # 766717

1. Corporation Name

KOINONIA - 33570, INC.

Principal Place of Business

802 4TH \$T., \$.W.

RUSKIN FL 33570

1505 GULF CITY RD RUSKIN FL 33570

# **FILED** Jan 25, 1999 8:00am **Secretary of State**

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2. 21	Principal Place of Business	2a. Mailing Address			3. Date incorporated or Qu 01/26/1983	ualifed			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2259018			Applied For Not Applicable	
23	City & State	City & State			5. Certificate of Status Des	sired 🗆	\$8.75 Additional Fee Required		
24	Zip Country	Zip 30		Election Campaign Fina Trust Fund Contribution	- 11	\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	K N 25		81	Name					
BROWN, TOM FAIRFIELD O 1511 SUN CITY CENTER PLAZA				82 Street Address (P.O. Box Number is Not Acceptable)					
SUN CITY CENTER FL 33570			83					. •	
	A part for last the	Secretary of the second second	84	City	والمعاورة والمادة	FL.	<u> </u>	Zip Code	
11	Pursuant to the provisions of Sections 617 0502	and 617,1508. Florida Statutes, the	ne above	-named corpo	ration submits this statement	for the purpose of	changin	g its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors! hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required	d when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
πLE	OP DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FOLTS, JEFFREY	1.2 NAME	•
STREET ADDRESS	1505 GULF CITY RD.,#9	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BORDNER, DEBRA	2.2 NAME	
STREET ADDRESS	5005 BONITA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	2.4 CITY-ST-ZIP	
TITLE	STD DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUHRKUHL, BETTY	3.2 NAME	
STREET ADDRESS	1505 GULF CITY RD	3.3 STREET ADDRESS	
CITY ST ZIP	RUSKIN, FL 00000	3.4. CITY-ST-ZIP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME COSC 3151 f 1	HOUGHTALIN, CINDI L	4. 2 NAME	1 まっとうかんとうない。1 3 種の 1 岁とかをから 3 とともある 1 3 を成り 2 種
STREET ADDRESS	1505 GULF CITY RD LOT 7	4.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	RUSKIN FL 33570	4.4 CITY-ST-ZIP	1.16 年 19 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	D DELETE	5.1 TITLE	Change
NAME	FOLTS, DAWN	5.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	1505 GULF CITY RD.,#9	5.3 STREET ADDRESS	A second of the
CITY-ST-ZIP	RÜSKIN FL	5.4 CITY- ST-ZIP	
TITLE	D. Carrier State S	6.1 TITLE	☐ Change ☐ Addition
NAME	BORDNER, BILLY	6.2 NAME	
STREET ADDRESS	5005 BONITA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.