2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 766717

Entity Name: KOINONIA - 33570, INC.

Current Principal Place of Business:

1505 GULF CITY RD.
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

1505 GULF CITY RD
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-2259018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, TOM FAIRFIELD
1511 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33570 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: DP ( ) Delete
Name: FOLTS, JEFFREY,
Address: 1505 GULF CITY RD.,#9
City-St-Zip: RUSKIN, FL

Title: VD ( ) Delete
Name: BORDNER, DEBRA
Address: 5005 BONITA DR.
City-St-Zip: WIMAUMA, FL

Title: STD ( ) Delete
Name: BUHRKUHL, BETTY,
Address: 1505 GULF CITY RD
City-St-Zip: RUSKIN, FL 00000,

Title: D ( ) Delete
Name: VARN, SANDRA
Address: 1505 GULF CITY RD LOT 7
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete
Name: FOLTS, DAWN,
Address: 1505 GULF CITY RD.,#9
City-St-Zip: RUSKIN, FL

Title: D ( ) Delete
Name: BORDNER, BILLY
Address: 5005 BONITA DR.
City-St-Zip: WIMAUMA, FL

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:

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: BETTY BUHRKUHL STD 01/14/2009
Electronic Signature of Signing Officer or Director Date