


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000001718</b>	
<b>1. Entity Name</b> KOINONIA OF DUVAL COUNTY, INC.	

<b>Principal Place of Business</b> 13171 ATLANTIC BLVD #400 JACKSONVILLE, FL 32225	<b>Mailing Address</b> 13171 ATLANTIC BLVD #400 JACKSONVILLE, FL 32225
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04252008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 56-1474548	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

REGISTER, WILLIAM P  
13171 ATLANTIC BLVD #400  
JACKSONVILLE, FL 32225

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**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** \_\_\_\_\_

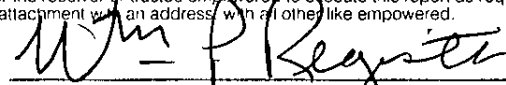
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000930817</b> <b>05/21/08-80124-009 70.00</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	SATTERFIELD, WILLIAM L
<b>STREET ADDRESS</b>	5134 HUELL MATTHEWS HWY
<b>CITY-STATE-ZIP</b>	S BOSTON, VA 24592
<b>TITLE</b>	D
<b>NAME</b>	JOHNSON, ROY L
<b>STREET ADDRESS</b>	325 E BROAD STREET
<b>CITY-STATE-ZIP</b>	DUNN, NC 28334
<b>TITLE</b>	D
<b>NAME</b>	HUTCHINSON, DAVID O
<b>STREET ADDRESS</b>	440 BYRD STREET
<b>CITY-STATE-ZIP</b>	LAKELAND, FL 338093366
<b>TITLE</b>	PT
<b>NAME</b>	REGISTER, WILLIAM P
<b>STREET ADDRESS</b>	13886 BELLA RIVA LANE
<b>CITY-STATE-ZIP</b>	JACKSONVILLE, FL 32225
<b>TITLE</b>	VPS
<b>NAME</b>	REGISTER, CAROLYN R
<b>STREET ADDRESS</b>	13886 BELLA RIVA LANE
<b>CITY-STATE-ZIP</b>	JACKSONVILLE, FL 32225
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone