# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# F07000001718

**Entity Name:** KOINONIA OF DUVAL COUNTY, INC.

**Current Principal Place of Business:**

13171 ATLANTIC BLVD #400
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13171 ATLANTIC BLVD #400
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number: 56-1474548** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

REGISTER, WILLIAM P
13171 ATLANTIC BLVD #400
JACKSONVILLE, FL 32225 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: D ( ) Delete
Name: SATTERFIELD, WILLIAM L
Address: 5134 HUELL MATTHEWS HWY
City-St-Zip: S BOSTON, VA 24592

Title: D ( ) Delete
Name: JOHNSON, ROY L
Address: 325 E BROAD STREET
City-St-Zip: DUNN, NC 28334

Title: D ( ) Delete
Name: HUTCHINSON, DAVID O
Address: 440 BYRD STREET
City-St-Zip: LAKELAND, FL 338093366

Title: PT ( ) Delete
Name: REGISTER, WILLIAM P
Address: 13886 BELLA RIVA LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPS ( ) Delete
Name: REGISTER, CAROLYN R
Address: 13886 BELLA RIVA LANE
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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: WILLIAM P. REGISTER PT 05/01/2009
Electronic Signature of Signing Officer or Director — Date