

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90105 049 \*\*\*\*61.25

**DOCUMENT # N02000002283**

1. Entity Name

KINDRED CHURCH, INC



Principal Place of Business

3050 EAST CENTRAL AVENUE  
BARTOW FL 33830

Mailing Address

3050 EAST CENTRAL AVENUE  
BARTOW FL 33830

2. Principal Place of Business

1915 Del Crest Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip 33803

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

CLEVENGER, MARVIN C  
2883 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SMITH, DAVID B ☐ Delete  
STREET ADDRESS 3050 EAST CENTRAL AVE.  
CITY-ST-ZIP BARTOW FL 33830

TITLE S  
NAME SMITH, CYNTHIA D ☐ Delete  
STREET ADDRESS 3050 EAST CENTRAL AVE.  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1915 Del Crest Place  
CITY-ST-ZIP Lakeland, FL 33803

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SAME  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Cynthia D. Smith CYNTHIA D. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 863-687-4828

Date

Daytime Phone #