

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009257

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BLUE KIRK MISSION, INC.

## Current Principal Place of Business:

833 ROCKINGHAM ROAD  
LAKELAND, FL 33809 US

## New Principal Place of Business:

541 S FLORIDA AVE  
LAKELAND, FL 33801 US

## Current Mailing Address:

833 ROCKINGHAM ROAD  
LAKELAND, FL 33809 US

## New Mailing Address:

541 S FLORIDA AVE  
LAKELAND, FL 33801 US

FEI Number: 41-2112086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CELORIA, HEATHER D DIR  
3535 RAINTREE WAY  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

FAHNESTOCK, WADE A DIR  
541 S FLORIDA AVE  
LAKELAND, FL 33801 US

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: WADE FAHNESTOCK

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: CELORIA, HEATHER  
Address: 3535 RAINTREE WAY  
City-St-Zip: LAKELAND, FL 33803 US

Title: DIR ( ) Delete  
Name: FAHNESTOCK, WADE  
Address: 5875 HOLLYHOCK DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: CELORIA, HEATHER D DIR  
Address: 455 EMERALD COVE LOOP  
City-St-Zip: LAKELAND, FL 33813 US

Title: DIR (X) Change ( ) Addition  
Name: FAHNESTOCK, WADE A DIR  
Address: 833 ROCKINGHAM ROAD  
City-St-Zip: LAKELAND, FL 33809 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE FAHNESTOCK

DIR

04/28/2006

Electronic Signature of Signing Officer or Director

Date