

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009257

FILED
Apr 30, 2009
Secretary of State

Entity Name: BLUE KIRK MISSION, INC.

Current Principal Place of Business:

541 S FLORIDA AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

541 S FLORIDA AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 41-2112086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAHNESTOCK, WADE A REV FR
541 S FLORIDA AVE
LAKELAND, FL 33801 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: DIR (X) Delete
Name: CELORIA, HEATHER D REV
Address: 20 LOMA ALTA
City-St-Zip: LAKELAND, FL 33813 US

Title: DIR () Delete
Name: FAHNESTOCK, WADE A REV FR
Address: 833 ROCKINGHAM ROAD
City-St-Zip: LAKELAND, FL 33809 US

Title: DIR () Delete
Name: REAVES, AVA
Address: 215 EAST MAGNOLIA ST
City-St-Zip: LAKELAND, FL 33801

Title: DIR () Delete
Name: ALLEN, TONY
Address: 549 STATE ROAD 559
City-St-Zip: AUBURNDALE, FL 33823

Title: DIR () Delete
Name: BRYAN, WANDA
Address: PO BOX 1302
City-St-Zip: EAGLE LAKE, FL 33839

Title: DIR () Delete
Name: PELHAM, DARREL
Address: PO BOX 1701
City-St-Zip: AUBURNDALE, FL 33823

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: DIR (X) Change () Addition
Name: ALLEN, TONY REV
Address: 549 STATE ROAD 559
City-St-Zip: AUBURNDALE, FL 33823

Title: DIR (X) Change () Addition
Name: BRYAN, WANDA REV DCN
Address: PO BOX 1302
City-St-Zip: EAGLE LAKE, FL 33839

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: REV. FR. WADE FAHNESTOCK+

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date