

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 15 PM 3:19

DOCUMENT # N20757

(3)

1. Corporation Name

KOINONIA MINISTRIES, INC.

Principal Place of Business

Mailing Address

**705 EAST PINE STREET
C/O BETTE STROMBECK
ORLANDO FL 32801-2943**

**705 EAST PINE STREET
C/O BETTE STROMBECK
ORLANDO FL 32801-2943**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1987

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2916516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*** STROMBECK, BETTE
705 EAST PINE STREET
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **STROMBECK, FREDRICK**
STREET ADDRESS **705 EAST PINE STREET**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **STROMBECK, BETTE**
STREET ADDRESS **705 EAST PINE STREET**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **STROMBECK, RICHARD**
STREET ADDRESS **3314 JUSTAMERE COURT**
CITY-ST-ZIP **WINDERMERE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BETTE STROMBECK** *Bette Strombeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/94 407-423-4220

Daytime Phone



N20757

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

February 3, 1995

KOINONIA MINISTRIES, INC.
705 EAST PINE STREET
C/O BETTE STROMBECK
ORLANDO, FL 32801-2943

SUBJECT: KOINONIA MINISTRIES, INC.
Ref. Number: N20757

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

You have indicated in Block 7 that your corporation has 501(c)(3) tax exempt status with the Internal Revenue Service. If the corporation has been granted this status, the fee to file is \$61.25, plus an additional \$8.75 if a certificate of status is desired. Corporations that **do not** have 501(c)(3) status with the Internal Revenue Service should correct Block 7, and resubmit the annual report along with the \$130.00 filing fee, plus an additional \$8.75 if a certificate of status is desired.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tyrone Scott
ANNUAL REPORTS Section

Letter number: 395A00004738