

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/8/1

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90022 014 \*\*\*\*61.25

**DOCUMENT # N20757**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2916516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STROMBECK, FREDRICK	
STREET ADDRESS	705 EAST PINE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROMBECK, BETTE	
STREET ADDRESS	705 EAST PINE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROMBECK, RICHARD	
STREET ADDRESS	3314 JUSTAMERE COURT	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROMBECK, FREDRICK	
STREET ADDRESS	705 E. PINE ST.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D, V, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROMBECK, BETTE	
STREET ADDRESS	705 E. PINE ST.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY DAVEY	
STREET ADDRESS	7055 SAWHILL DR.	
CITY-ST-ZIP	OCFEE, FL. 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Bette Strombeck**

**Jan 24, 2001 407-291-3325**

CR2E037 (10/00)