

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20757

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: KOINONIA MINISTRIES, INC.

**Current Principal Place of Business:**

10812 POINCIANA DR  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121660  
C/O BETTE STROMBECK  
CLERMONT, FL 347121660

**New Mailing Address:**

FEI Number: 59-2916516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROMBECK, BETTE  
10812 POINCIANA DR  
CLERMONT, FL 34711 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: DP ( ) Delete  
Name: STROMBECK, FREDRICK  
Address: 10812 POINCIANA DR  
City-St-Zip: CLERMONT, FL 34711

Title: DVST ( ) Delete  
Name: STROMBECK, BETTE,  
Address: 10812 POINCIANA DR  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: VANWAGNER, RICHARD K  
Address: 15731 GREATER TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: BESSLEY, GARY  
Address: 2525 EMERALD TREE LANE  
City-St-Zip: APOPKA, FL 327124084

Title: D ( ) Delete  
Name: BROOM, DUANE  
Address: 1109 BROWNSHIRE CT  
City-St-Zip: LONGWOOD, FL 327792209

Title: D ( ) Delete  
Name: EVANS, MARK  
Address: 5495 CALARCONA-OCOEE RD  
City-St-Zip: ORLANDO, FL 328104057

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETTE STROMBECK

DVST

04/27/2006

Electronic Signature of Signing Officer or Director

Date