

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20757

FILED
Apr 05, 2008
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: PO BOX 120454
City-St-Zip: CLERMONT, FL 34712

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
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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 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

04/05/2008

Electronic Signature of Signing Officer or Director

Date