

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N20757

FILED  
Feb 03, 2003  
Secretary of State

Entity Name: KOINONIA MINISTRIES, INC.

## Current Principal Place of Business:

705 EAST PINE STREET  
C/O BETTE STROMBECK  
ORLANDO, FL 328012943

## New Principal Place of Business:

## Current Mailing Address:

705 EAST PINE STREET  
C/O BETTE STROMBECK  
ORLANDO, FL 328012943

## 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  
705 EAST PINE STREET  
ORLANDO, FL 32801

## 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: 705 EAST PINE STREET  
City-St-Zip: ORLANDO, FL 32801

Title: DVST ( ) Delete  
Name: STROMBECK, BETTE,  
Address: 705 EAST PINE STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: DAVEY, NANCY  
Address: 7055 SAWMILL DR  
City-St-Zip: OCOEE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

02/03/2003

Electronic Signature of Signing Officer or Director

Date