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Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N22707 (6)

1. Corporation Name

KATHLEEN BAPTIST CHURCH CHILD ENRICHMENT CENTER, INC.



Principal Place of Business  
3939 2ND STREET NORTHWEST  
LAKELAND FL 33809

Mailing Address  
3939 2ND STREET NORTHWEST  
LAKELAND FL 33810-1931

3. Date Incorporated or Qualified 09/28/1987  
3a. Date of Last Report 06/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2842945  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILTNER, JUDY L.  
4110 SIMMS RD  
LAKELAND FL 33809

81 Name Aileen Lain  
82 Street Address (P.O. Box Number is Not Acceptable) 1735 W. SOCRUM Lp Rd  
83 Lakeland, FL  
84 City  
85 Zip Code FL 33870

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Aileen Lain

DATE May 2, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LAIN, AILEEN ODESSA  DELETE  
STREET ADDRESS 4716 JOYCE DR.  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE Aileen Lain  Change  Addition  
1.2 NAME 1735 W. SOCRUM Lp Rd  
1.3 STREET ADDRESS Lakeland FL 33810  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME BASS, TERESA  
STREET ADDRESS 2739 SHADYWOOD DR  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE VPD  Change  Addition  
2.2 NAME Tommy Pollock  
2.3 STREET ADDRESS 5321 N. Galloway Rd  
2.4 CITY-ST-ZIP Lakeland FL 33810

TITLE SD  DELETE  
NAME RAGLAND, DEBBY  
STREET ADDRESS 3703 PUBLIX RD  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE see D  Change  Addition  
3.2 NAME Jacki Caruthers  
3.3 STREET ADDRESS Po Box 333 7004 Kathleen Rd  
3.4 CITY-ST-ZIP Kathleen FL 33849

TITLE D  DELETE  
NAME STILTNER, JUDY L.  
STREET ADDRESS 4110 SIMMS RD  
CITY-ST-ZIP LAKELAND FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE 100002219761  
6.2 NAME -06/23/97--01087--020  
6.3 STREET ADDRESS \*\*\*61.25  
6.4 CITY-ST-ZIP

14. I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aileen Lain

5-2-97 853-9329

CR2E037 (9/96)