

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22707

1. Entity Name

KATHLEEN BAPTIST CHURCH CHILD ENRICHMENT CENTER,

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90010 033 ****61.25

Principal Place of Business

Mailing Address

**3939 2ND STREET NORTHWEST
 LAKELAND FL 33810-1931**

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 LAKELAND FL 33810-1931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2842945

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAIN, AILEEN
 1735 W. SOCRUM LOOP ROAD
 LAKELAND FL 33810**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** Delete
 NAME **LAIN, AILEEN**
 STREET ADDRESS **1735 W. SOCRUM LOOP ROAD**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP D** Delete
 NAME **POLLOCK, TOMMY**
 STREET ADDRESS **5321 N. GALLOWAY ROAD**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S D** Delete
 NAME **CARUTHERS, JACKI**
 STREET ADDRESS **7004 KATHLEEN ROAD -P.O. BOX 333**
 CITY-ST-ZIP **KATHLEEN FL 33849**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Aileen Lain*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 863-858-3838
 Date Daytime Phone #

CR2E037 (9/99)