


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 10, 2004 08:00 AM  
Secretary of State

DOCUMENT # N22707 . . .

1. Entity Name  
KATHLEEN BAPTIST CHURCH CHILD ENRICHMENT CENTER, INC.



Principal Place of Business  
3939 2ND STREET NORTHWEST  
LAKELAND, FL 33810-1931

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



04132004 No Chg-NP CR2E037 (10/03)

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

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LAIN, AILEEN 1735 W. SOCRUM LOOP ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D POLLOCK, TOMMY 5321 N. GALLOWAY ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CARUTHERS, JACKI 7004 KATHLEEN ROAD -P.O. BOX 333 KATHLEEN, FL 33849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000159419  
05/10/04-80029-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Odessa Lain

4-15-04