


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N22707

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



Principal Place of Business Mailing Address

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



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2842945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Aileen Odessa Lain DATE 4-19-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

U00000324633
04/22/05-80100-015 61.25

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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 Odessa Lain DATE 4-19-05 DAYTIME PHONE # 863-858-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #