


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N22707 1. Entity Name KATHLEEN BAPTIST CHURCH CHILD ENRICHMENT CENTER, INC.	
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Principal Place of Business 3939 2ND STREET NORTHWEST LAKELAND FL 33810-1931	Mailing Address 3939 2ND STREET NORTHWEST LAKELAND FL 33810-1931
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2842945
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE *Aileen Odessa Lain* 4/27/06
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
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000553846
05/15/06-80068-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 4/27/06 863-858-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #