2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2007 08:00 All 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FÉI Number Applied For 59-2842945 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAIN, AILEEN Street Address (P.O. Box Number is Not Acceptable) 1735 W. SOCRUM LOOP ROAD LAKELAND FL 33810 City 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 regis SIGNATURE (NOTE, Registered Agent signature required when rainstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P\D THILE ☐ Delete TITLE Change Addition NAME LAIN, AILEEN NAME U00000747993 STREET ADDRESS STREET ADDRESS 1735 W. SOCRUM LOOP ROAD 05/17/07-80047-020 61.25 CITY - ST - ZIP CITY-ST-ZIP LAKELAND FL 33810 TITLE ☐ Delete THIF ☐ Addition Change NAME POLLOCK, TOMMY ΝΑΜΓ STREET ADDRESS 5321 N. GALLOWAY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 TITLE ☐ Delete HILE Change Addition S\D NAME CARUTHERS, JACKI STREET ADDRESS 7004 KATHLEEN ROAD -P.O. BOX 333 STREET ADDRESS CITY - ST- 7IP CITY+SI-ZIP KATHLEEN FL 33849 IIILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change MÆ ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete HILE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CJIY - SI - 7IP CITY-ST-ZIP

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 receivor 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:

SIGNATURE:

SIGNATURE: