

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2009  
Secretary of State**

DOCUMENT# N22707

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

**Current Principal Place of Business:**

3939 2ND STREET NORTHWEST  
LAKELAND, FL 338101931

**New Principal Place of Business:**

3939 2ND STREET NORTHWEST  
LAKELAND, FL 33810

**Current Mailing Address:**

3939 2ND STREET NORTHWEST  
LAKELAND, FL 338101931

**New Mailing Address:**

3939 2ND STREET NORTHWEST  
LAKELAND, FL 33810

FEI Number: 59-2842945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: LAIN, AILEEN  
Address: 1735 W. SOCRUM LOOP ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: VPD ( ) Delete  
Name: POLLOCK, TOMMY  
Address: 5321 N. GALLOWAY ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: S/D ( ) Delete  
Name: CARUTHERS, JACKI  
Address: 7004 KATHLEEN ROAD -P.O. BOX 333  
City-St-Zip: KATHLEEN, FL 33849

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AILEEN LAIN

P/D

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date