

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90165 020 ****61.25

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2842945** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Lain* DATE 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 Lain* DATE 4-29-03

CR2E037 (10/02)