

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002342 (3)**

1. Corporation Name

**KOINONIA CHAPEL MINISTRIES INC.**



Principal Place of Business	Mailing Address
3560 FAIRWAY FOREST PALM HARBOR FL 34685 US	3560 FAIRWAY FOREST DR. PALM HARBOR FL 34685-1005

3. Date Incorporated or Qualified <b>05/06/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>30840 US 19 N</b>	26	<b>59-3242730</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
23 <b>PALM HARBOR FL</b>	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 <b>34684</b>	25 <b>US</b>	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAYTON, JEFF**  
3560 FAIRWAY FOREST DR.  
PALM HARBOR FL 34685

81 Name	<b>CLAYTON JEFF</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>138 CYPRESS LN</b>
83	
84 City	<b>OLDSMAR FL</b>
85 Zip Code	<b>34677</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *JEFF CLAYTON* - PRESIDENT **JEFF CLAYTON** DATE: **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAYTON, JEFF</b>	1.2 NAME	<b>CLAYTON, JEFF</b>
STREET ADDRESS	<b>3560 FAIRWAY FOREST DR.</b>	1.3 STREET ADDRESS	<b>138 CYPRESS LN</b>
CITY - ST - ZIP	<b>PALM HARBOR FL 34685</b>	1.4 CITY - ST - ZIP	<b>OLDSMAR FL 34677</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAYTON, LYNDIA</b>	2.2 NAME	<b>CLAYTON, LYNDIA</b>
STREET ADDRESS	<b>3560 FAIRWAY FOREST DR.</b>	2.3 STREET ADDRESS	<b>138 CYPRESS LN</b>
CITY - ST - ZIP	<b>PALM HARBOR FL 34685</b>	2.4 CITY - ST - ZIP	<b>OLDSMAR, FL 34677</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTES, STEVE</b>	3.2 NAME	
STREET ADDRESS	<b>1742 ARBOR DR. S</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTES, PATTI</b>	4.2 NAME	
STREET ADDRESS	<b>1742 ARBOR DR. S</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JEFF CLAYTON* **JEFF CLAYTON** DATE: **4-30-97** 813 789-0646

CR2E037 (9/96)