FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

00002342 (3)

FILED May 13 1998 8:00am Secretary of State

KONONIA CHAPEL MINISTRI	les inc.					
Principal Place of Business	Mailing Address		T INDIVIDURE REPUT BIB HEINT BEHIN BEHIN BEHIN BE			
30940 US 19 N PALM HARBOR FL 34685 US	3560 FARWAY FOREST DR. PALM HARBOR FL 34685		3. Date Incorporated or Qualified 05/06/1994			
			4. FEI Number 59-3242730	Applied For Not Applicable		
2. Principal Place of Business 2e. Mailing Address 2f		35 LN	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State City & State City & OLOSMAK		FL	7. Is this nonprofit corporation a homeowners association?			
Zip Country 26	29 >76 / 30	ountry	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
CLAYTON, JEFF		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)			
138 CYPRESS LN OLDSMAR FL 34677		83	·			
		84 City	FL	86 Zip Code		
 Pursuant to the provisions of Sections 61 office or registered agent, or both, in the 	7.0502 and 617.1508, Florida Statutes, the State of Florida, Such change was authorized.	above-named cor	rporation submits this statement for the purpose of	changing its registered		

agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes SIGNATURE

Signature, typed or printed name of registered agent and site it applicable. (NOTE: Registered Agent alignature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		S IN, 12		
TITLE	D	DELETE	1.1 TITLE	D 0 0 (11)	☐ Change	Addition		
NAME	CLAYTON, JEFF	i	1.2 NAME	BRETT KOKINSON		'		
STREET ADDRESS	3560 FAIRWAY FOREST DR.		1.3 STREET ADDRESS	BRETT ROBINSON 7226 33 KD AV N				
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP	ST PETTERS BURG PL	33710	İ		
TITLE	D	DELETE	2.1 TITLE	D	Change	Addition		
NAME	CLAYTON, LYNDA	_	2.2 NAME	JEPF CHAMON	N			
STREET ADDRESS	3560 FAIRWAY FOREST DR.		2.3 STREET ADDRESS	JEPF CHAMON 138 CYPRESS LN	_			
CITY-ST-ZIP	PALM HARBOR FL 34685		2. 4 CITY - ST - ZIP	OLDSMAR PL 3467	7			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition		
NAME	estes, steve		3.2 NAME			ı		
STREET ADDRESS	1742 ARBOR DR. S		3.3 STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4. CITY-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE		Change	Addition		
NAME	ESTES, PATTI		4. 2 NAME					
STREET ADDRESS	1742 ARBOR DR. S		4.3 STREET ADORESS					
City-St-Zip	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP					
TITLE	D .	DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME	BRETT ROBINSON		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			•		
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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 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:

5-1-98 813-789-8236