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Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001376 (1)**
1. Corporation Name

KOINONIA INCORPORATED



Principal Place of Business	Mailing Address
3647 SW 92ND AVE MIAMI FL 33165-4131	3647 SW 92ND AVE MIAMI FL 33165-4131

3. Date Incorporated or Qualified 03/22/1995	3a. Date of Last Report 09/11/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR 65-0568280	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**ALLEN, R. KEITH
6101 SW 76TH STREET
S. MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	DT
NAME	ADAMS, MATTHEW P	1.2 NAME	HYDE, Errol
STREET ADDRESS	1264 NW 134 AVENUE	1.3 STREET ADDRESS	6231 S.W. 61 Street.
CITY-ST-ZIP	SUNRISE FL 33326	1.4 CITY-ST-ZIP	Miami FL. 33143
TITLE	DP	2.1 TITLE	
NAME	HYDE, PATRICK	2.2 NAME	
STREET ADDRESS	3647 SW 92ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE	DM	3.1 TITLE	
NAME	HYDE, MICHAEL J	3.2 NAME	
STREET ADDRESS	6231 SW 61 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	LAM, JESUS C	4.2 NAME	
STREET ADDRESS	430 SW 125 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

Patrick Hyde

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