2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N98000000781

Entity Name: KOINONIA DYNAMIS INCORPORATED

Current Principal Place of Business:

5238 NORWOOD AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1734 HIRAM STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3503456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VINSON, ADDRIS B
1734 HIRAM STREET
JACKSONVILLE, FL 32209 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:	PD	( ) Delete
Name:	VINSON, ADDRIS B	
Address:	1734 HIRAM STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	V	( ) Delete
Name:	WASHINGTON, GEORGE W REV.	
Address:	3052 DONNA DR.	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	S	( ) Delete
Name:	BAXTER, CYNTHIA	
Address:	11243 PINTO COURT	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T	( ) Delete
Name:	CARTER, SUSIE W	
Address:	409 JOHN BROWN ROAD	
City-St-Zip:	RAEFORD, NC 28376	
Title:	BM	( ) Delete
Name:	MAINOR, EARL	
Address:	205 E. 54TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	BM	( ) Delete
Name:	AYBAR, ALLIE V	
Address:	9580 HARRIET AVE.	
City-St-Zip:	JACKSONVILLE, FL 32208	

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:	
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 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 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: ADDRIS B. VINSON PD 04/22/2005
Electronic Signature of Signing Officer or Director — Date