

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000781

FILED
Apr 29, 2006
Secretary of State

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 ()

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: BM (X) Change () Addition
Name: BRITTON, RUTH DR.
Address: 3608 ROUND LAKE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: AYBAR, ALLIE V
Address: 9580 HARRIET AVE.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/29/2006

Electronic Signature of Signing Officer or Director

Date