## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT 1996

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000001308	(2)

1. Corporation Name KOINONIA GOLF & LEARNING CENTER, INC.

KOMON	IN COLI CI LE SIGNICO OL					
Principal Place o	f Business	Mailing Address			1 (42)/42) HE (5/5/ 5/10/ 50/10 24/10 44	**** ***** ***** ***** ***** **** **** ****
HIGHWAY 50 WINTER GARD		130 HERCULES CT % JACK B DEGAGNE OCOEE FL 34761			Date Incorporated or Qualified     01/04/1995	3a. Date of Last Report
2. Principal Place 21 Koin ov Suite, Apt. #,	ria Golf + Loace	2a. Mailing Address  1. D. Suite, Apt #, etc.	as a	bose	4. FEI Number 59 - 3303075  5. Certificate of Status Desired	Applied For   Not Applicable
22 1 200. City & State 23 1117+01	0 1 - 1	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	87 25 B USA	Zφ 29	Country 30		8. This corporation has liability for int Florida Statutes	□ No
	9. Name and Address of Curre	nt Registered Agent		r=:	10. Name and Address of New Re	gistered Agent
			81	Namo		
	E, JACK B		82	Street Add	iress (P.O. Box Number is Not Acceptable	)
	CULES CT		83			
OCOEE FL 34761			84	' '	pration submits this statement for the purp and of directors. Thereby accept the appoin	FL 85 Zip Code
CIONATURE	d again, or both, if the state of the n, and accept the obligations of, So squature typed or print distance of rejection agri		(CE) Royelered Ago	Lagrature retuin	्रा क्षीक्ष का अविद्यु ADDITIONS/CHANGES TO OFFIC	
TITLE	President	DELETE	1. 1 THLE			Change Addition
NAME	DEGAGNE, JACK B	12:				
STREET ADDRESS	130 HERCULES CT		1	T ADDHESS		
CITY-ST-7IP	OCOEE FL 34761	DELETE 21		\$1-7IP		Change Addition
TITLE		221				
NAME STREET ADDRESS			23 STREE	1 ADDRESS		
CITY-ST-ZIP			2 4 CITY-			Change Addition
TITLE		DELETE 3 1				
NAME			3 2 NAME	ET ADORESS		
STREET ADDRESS			3 4 CiTY -			
CITY-ST-ZIP TITLE		DELETE 4 1		_,		Change Addition
NAME			4.2 NAME	:		
STREET ADDRESS				FF ADDRESS		
CITY+\$1-ZIP				ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	5 1 1HU 5 2 NAMI	Į.		<u> </u>
NAME				ET ADDHESS		
STREET ADDRESS			5.4 CITY	1		
TITLE		DELETE	6 1 T TL			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

14. If do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 corporator by the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a partiachment with an address. 64 CITY - ST-ZIP

President