

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733368 (5)**  
1. Corporation Name  
**FAITH BAPTIST CHURCH OF KISSIMMEE, INC.**



Principal Place of Business: **1990 NEPTUNE RD KISSIMMEE FL 34744**  
Mailing Address: **1990 NEPTUNE RD KISSIMMEE FL 34744**

3. Date Incorporated or Qualified: **07/24/1975**  
3a. Date of Last Report: **03/20/1995**

|    |                                |    |                     |   |  |   |
|----|--------------------------------|----|---------------------|---|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     | 4 | FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |   | <b>59-1794116</b>  | Not Applicable  |
| 22 | City & State                   | 27 | City & State        | 5 | Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip                            | 28 | Zip                 | 6 | Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 24 | Country                        | 29 | Country             | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DJERF, JAMES J**  
**1623 PARK GATE DRIVE**  
**KISSIMMEE FL 34746**

|    |  |           |          |
|----|--|-----------|----------|
| 81 | Name   | 85        | Zip Code |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |           |          |
| 83 |  |           |          |
| 84 | City   | <b>FL</b> |          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEISS, DOREEN</b>                                | 1.2 NAME  | <b>Weiss, Doreen</b>  |
| STREET ADDRESS             | <b>1401 GRANDVIEW</b>                               | 1.3 STREET ADDRESS                                      | <b>1505 Sunset Pointe Place</b>   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 1.4 CITY-ST-ZIP   | <b>Kissimmee, FL 34744</b>  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>NELSON, EVELYN</b>                               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1614 PARK GATE DR.</b>                           | 2.3 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 2.4 CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>O'BRIEN, MIKE</b>                                | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2611 ORCHID LANE</b>                             | 3.3 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 3.4 CITY-ST-ZIP   |   |
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>TURNER, ARTHUR (REV.)</b>                        | 4.2 NAME  |   |
| STREET ADDRESS             | <b>162 W CEDARWOOD CIRCLE</b>                       | 4.3 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 4.4 CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>BRALEY, BRUCE</b>                                | 5.2 NAME  | <b>Braley, Bruce</b>  |
| STREET ADDRESS             | <b>918 LOUISIANA</b>                                | 5.3 STREET ADDRESS                                      | <b>2021 Crystal Lane</b>  |
| CITY-ST-ZIP                | <b>ST. CLOUD FL</b>                                 | 5.4 CITY-ST-ZIP   | <b>St. Cloud, FL 34769</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | <b>LOWE, LOYDE</b>                                  | 6.2 NAME  | <b>Al Weiss</b>   |
| STREET ADDRESS             | <b>4187 SCOTLAND RD.</b>                            | 6.3 STREET ADDRESS                                      | <b>1505 Sunset Pointe Place</b>   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 6.4 CITY-ST-ZIP   | <b>Kissimmee, FL 34744</b>  |

14. I do hereby certify that the information supplied with this filing 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 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: \_\_\_\_\_ **3/14/96** wk (407)295-3846

CR2E037 (12/95)