

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733368** (5)
1. Corporation Name

FAITH BAPTIST CHURCH OF KISSIMMEE, INC.



Principal Place of Business 1980 NEPTUNE RD KISSIMMEE FL 34744	Mailing Address 1980 NEPTUNE RD KISSIMMEE FL 34744
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3. Date Incorporated or Qualified 07/24/1975		
4. FEI Number 58-1794116	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DJERF, JAMES J
1623 PARK GATE DRIVE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name **Chad A. Woodburn**

82 Street Address (P.O. Box Number is Not Acceptable)
3870 Blackberry Circle

83

84 City **St. Cloud** FL 85 Zip Code **34769**

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 **Chad A. Woodburn** *Chad A. Woodburn* **3/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T WEISS, DOREEN	1.2 NAME	
STREET ADDRESS	1505 SUNSET POINTE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D O'BRIEN, MIKE	2.2 NAME	
STREET ADDRESS	2611 ORCHID LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WEISS, AL	3.2 NAME	
STREET ADDRESS	1505 SUNSET POINTE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRALEY, BRUCE	4.2 NAME	
STREET ADDRESS	2021 CRYSTAL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S	5.2 NAME	D Steward, George
STREET ADDRESS		5.3 STREET ADDRESS	1166 Pineapple Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	P Woodburn, Chad
STREET ADDRESS		6.3 STREET ADDRESS	3870 Blackberry Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Cloud, FL 34769

14. I 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: *Chad A. Woodburn* **3/28/98** (407) **846-6076**

CR2E037 (10/97)