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

NONPROFIT CORPORATION ANNUAL REPORT

1999



#### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 733368**

1. Corporation Name

#### FAITH BAPTIST CHURCH OF KISSIMMEE, INC.

Principal	Place	of	Business

Mailing Address

1990 NEPTUNE RD KISSIMMEE FL 34744 1990 NEPTUNE RD KISSIMMEE FL 34744

# FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90088 001 \*\*\*\*61.25





2. Principal F	Place of Business 2a. Mailing Address			_		3. Date Incorporated or Qualifed						
21		26	J				07/24/1975					
Suite, Apt.	#, etc.	1-0,	Suite, Apt. #, etc.		_		4. FEI Number Applied For					
22		27	,			·	59-1794116 Not Applicable					
City & Sta	te		City & State				\$8.75 Additional					
23		28					5. Certificate of Status Desired Fee Required					
Zip	Country		Zip Country				6. Election Campaign Financing S5.00 May Be					
24 25 29 30			0			Trust Fund Contribution Added to Fees						
Name and Address of Current Registered Agent					_		10. Name and Address of New Registered Agent					
				8	1	Name						
WOODBURN, CHAD A				8	82 Street Address (P.O. Box Number is Not Acceptable)							
	CKBERRY CIR			L	ou de l'adress (l'ast pox reuniser le rectrassiples es)							
	D FL 34769			8	3							
				8	4	City	85 Zip Code					
				"	٦	Oity	FL   S   Z   Code					
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508, Florida Statutes	, the abo	ve	-named	corporation submits this statement for the purpose of changing its registered					
agent. I a	m familiar with, and accept the obligation	ons of,	Section 617.0503, Florid	a Statute	y t ∋s.	ne corpu	oration's board of directors. I hereby accept the appointment as registered					
SIGNATURE												
	Signature, typed or printed name of registered agent a		<del></del>		jent	signature r	required when reinstating) DATE					
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	Ť		☐ DELETE	1,1 TITLE		1	☐ Change ☐ Addition					
NAME	WEISS, DOREEN			1.2 NAME	Ε							
STREET ADDRESS	1505 SUNSET POINTE PLACE			1.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-		-ZIP						
TITLE	D		☐ DELETE	2.1 TITLE			Change Addition					
NAME	O'BRIEN, MIKE			2.2 NAME	Ξ	- 1	,					
STREET ADDRESS			2.3 STRE	ET/	ADDRESS							
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY	-ST	-ZiP						
TITLE	D		☐ DELETE	3.1 TITLE		ļ	Change Addition					
NAME	WEISS, AL			3.2 NAME	•							
STREET ADDRESS	1505 SUNSET POINTE PLACE			3.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL	-		3.4. CITY-		-ZIP						
TITLE	D		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition					
NAME	BRALEY, BRUCE			4. 2 NAME	E							
STREET ADDRESS	2021 CRYSTAL LANE 43		4.3 STRE	ET A	ADDRESS							
CITY-ST-ZIP	ST CLOUD FL			4.4 CITY-	ST-	ZIP						
TITLE	Ρ		☐ DELETE	5.1 TITLE		l	☐ Change ☐ Addition (					
NAME	WOODBURN, CHAD			5.2 NAME								
STREET ADDRESS	3870 BLACKBERRY CIR			5.3 STREE		ļ						
CITY-ST-ZIP	ST CLOUD FL 34769			5.4 CITY-	-	ZIP						
TITLE	D		X DELETE	6.1 TITLE			D					
NAME .	STEWARD, GEORGE			6.2 NAME			ROGERS, BLAKE 4187 WESLEY COURT					
STREET ADDRESS	1166 PINEAPPLE WAY			6.3 STREE	ETA	NDORESS	4187 WESLEY COURT					
	14000 455 51 5 45 4						أالمانية بمانين الإمارا					

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, with all other like empowered.

SIGNATURE:

Various K. Calluss D

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