

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90041 050 \*\*\*\*61.25

**DOCUMENT # 733368**

1. Entity Name

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

Principal Place of Business

Mailing Address

1990 NEPTUNE RD  
 KISSIMMEE FL 34744

1990 NEPTUNE RD  
 KISSIMMEE FL 34744-4940

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1794116**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODBURN, CHAD A  
 3870 BLACKBERRY CIR  
 ST CLOUD FL 34769**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  Delete  
 NAME WEISS, DOREEN  
 STREET ADDRESS 1505 SUNSET POINTE PLACE  
 CITY-ST-ZIP KISSIMMEE FL

D  Change  Addition  
 NAME BILL HAZLEWOOD  
 STREET ADDRESS 2919 Summerwind Circle  
 CITY-ST-ZIP St. Cloud, FL 34769

D  Delete  
 NAME O'BRIEN, MIKE  
 STREET ADDRESS 2611 ORCHID LANE  
 CITY-ST-ZIP KISSIMMEE FL

D  Change  Addition  
 NAME BRIAN SHANLE  
 STREET ADDRESS 1587 Compass Ct.  
 CITY-ST-ZIP KISSIMMEE FL 34744

D  Delete  
 NAME WEISS, AL  
 STREET ADDRESS 1505 SUNSET POINTE PLACE  
 CITY-ST-ZIP KISSIMMEE FL

Change  Addition

D  Delete  
 NAME BRALEY, BRUCE  
 STREET ADDRESS 2021 CRYSTAL LANE  
 CITY-ST-ZIP ST CLOUD FL

Change  Addition

P  Delete  
 NAME WOODBURN, CHAD  
 STREET ADDRESS 3870 BLACKBERRY CIR  
 CITY-ST-ZIP ST CLOUD FL 34769

Change  Addition

D  Delete  
 NAME ROGERS, BLAKE  
 STREET ADDRESS 4187 WESLEY CT  
 CITY-ST-ZIP KISSIMMEE FL 34746

Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chad A. Woodburn* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chad A. Woodburn** 5/25/00  
 Date

407-846-0157  
 Daytime Phone #

CR29037 (9/99)