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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # 733368 (5)

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1975
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-1794116 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, DOREEN	1.2 NAME	
STREET ADDRESS	1401 GRANDVIEW	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, EVELYN	2.2 NAME	
STREET ADDRESS	1614 PARK GATE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	DJERF, JAMES J	3.2 NAME	D Mike OBrien
STREET ADDRESS	1623 PARKGATE DR	3.3 STREET ADDRESS	2611 Orchid Lane
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, Fla. 34744
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, ARTHUR (REV.)	4.2 NAME	
STREET ADDRESS	162 W CEDARWOOD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRALEY, BRUCE	5.2 NAME	
STREET ADDRESS	918 LOUISIANA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LOWE, LOYDE	6.2 NAME	
STREET ADDRESS	4187 SCOTLAND RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

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: R Mike O'Brien 3/13/95 407-285-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085040