

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733368

1. Entity Name

FAITH BAPTIST CHURCH OF KISSIMMEE, INC.

Principal Place of Business

1990 NEPTUNE RD  
KISSIMMEE FL 34744

Mailing Address

1990 NEPTUNE RD  
KISSIMMEE FL 34744-4940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1794116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODBURN, CHAD A  
3870 BLACKBERRY CIR  
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

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:  
FEE 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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chad A. Woodburn

5/25/00

407-846-0157

Date

Daytime Phone #

CR29037 (9/99)