

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90346 042 ****61.25

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**

24047759



DO NOT WRITE IN THIS SPACE

04122004 No Chg-NP CR2E037 (10/03)

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

**AMES, JEFF
2060 EMPERIOR DRIVE
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHANLE, BRIAN
1587 COMPASS CT
KISSIMMEE, FL 34744**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEAC
BRALEY, BRUCE
2021 CRYSTAL LANE
SAINT CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEAC
LATOUA, BERNARD
1209 MARYLAND AVENUE
ST CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEAC
BOSS, RICHARD
3475 DUSK AVENUE
KISSIMMEE, FL 34744**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #