2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/13/2003-90076-025-$61.25-$61.25
8/1

FILED
03 SEP 24 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
WOODBURN, CHAD A 3870 BLACKBERRY CIR ST CLOUD FL 34769	Name Jeff Ames PASTOR Street Address (P.O. Box Number is Not Acceptable) 2060 Emperor Drive City Kissimmee FL Zip Code 34744

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 _____ 8/9/03
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEISS, DOREEN 1505 SUNSET POINTE PLACE KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANLE, BRIAN 1587 COMPASS CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISS, AL 1505 SUNSET POINTE PLACE KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAZLEWOOD, BILL 2919 SUMMERWIND CIRCLE SAINT CLOUD FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brady, Bruce 2021 Crystal Lane St. Cloud, Fla. 34769	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODBURN, CHAD 3870 BLACKBERRY CIR ST CLOUD FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LaTour, Bernard, Deacon 1209 Maryland Avenue St. Cloud, Fla 34769	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, MICHAEL 2611 ORCHID LN KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Boss, Richard, Deacon 3475 Dusk Avenue Kissimmee, FL 34744	☐ Change ☑ Addition

CR2E037 (4/03)

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: _____ 8/9/03 407-846-0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB