

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733368

**Entity Name:** FAITH COMMUNITY CHURCH OF KISSIMMEE, INC.

**Current Principal Place of Business:**

1990 NEPTUNE RD  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1990 NEPTUNE RD  
KISSIMMEE, FL 34744

**FEI Number:** 59-1794116

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALES, LUZVIMINDA J  
1990 NEPTUNE RD  
KISSIMMEE, FL 34744 US

*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:** LUZVIMINDA GONZALES

04/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name TAVERAS, FRANKLIN  
Address 3321 CYPRESS POINT CIRCLE  
City-State-Zip: SAINT CLOUD FL 34772

Title TREASURER  
Name MERCADO, CINDY  
Address 1791 HARBOR BLVD  
City-State-Zip: KISSIMMEE FL 34744

Title CHURCH ADMINISTRATOR  
Name GONZALES, LUZVIMINDA J  
Address 4014 MARIETTA WAY  
City-State-Zip: SAINT CLOUD FL 34772

Title ELDER  
Name MERCADO, ISAEL  
Address 1791 HARBOR BLVD  
City-State-Zip: KISSIMMEE FL 34744

Title ELDER  
Name FIGUEROA, JOSE  
Address 1990 NEPTUNE RD  
City-State-Zip: KISSIMMEE FL 34744

Title ELDER  
Name GONZALES, NAPOLEON  
Address 4014 MARIETTA WAY  
City-State-Zip: SAINT CLOUD FL 34772

Title SECRETARY  
Name TAVERAS, FRANKLIN  
Address 3321 CYPRESS POINTE CIRCLE  
City-State-Zip: KISSIMMEE FL 34772

Title ELDER  
Name FRANCOIS, WISLER  
Address 2318 KINGS CREST ROAD  
City-State-Zip: KISSIMMEE FL 34744

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUZVIMINDA GONZALES

ADMINISTRATOR

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date