

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733368

**FILED**  
**Mar 22, 2014**  
**Secretary of State**  
**CC6630444147**

**Entity Name:** FAITH BAPTIST 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  
4014 MARIETTA WAY  
ST. CLOUD, FL 34772 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

03/22/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ELDER  
Name CASTILLO, FRANCISCO  
Address 4419 WHITE OAK CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title ELDER  
Name TAVERAS, FRANKLIN  
Address 3321 CYPRESS POINT CIRCLE  
City-State-Zip: ST. CLOUD FL 34772

Title CHAIRMAN  
Name NIEBOER, LARRY  
Address 2333 SWEETWATER BLVD.  
City-State-Zip: SAINT CLOUD FL 34772

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

Title ELDER  
Name OJIE-AHAMIOJIE, GEORGE  
Address 1920 BINNACLE STREET  
City-State-Zip: KISSIMMEE FL 34744

Title VC  
Name CARPENTER, JEROME J  
Address 2704 RIVKIN DR  
City-State-Zip: KISSIMMEE FL 34758

Title ELDER  
Name VILARDEBO, CHARLIE  
Address 2157 THE OAKS BLVD.  
City-State-Zip: KISSIMMEE FL 34746

Title TREASURER  
Name WOIDA, JOANNE  
Address 6002 RENAISSANCE CT.  
City-State-Zip: SAINT CLOUD FL 34772

**Continues on page 2**

*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

**CHURCH**  
**ADMINISTRATOR**

03/22/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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