

2017 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: Yes

Name and Address of Current Registered Agent:

GONZALES, LUZVIMINDA J
4014 MARIETTA WAY
SAINT 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

01/25/2017

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 ELDER
Name MAGLOIRE, BUENO
Address 2106 WALDEN PARK CIRCLE,
APT #203
City-State-Zip: KISSIMMEE FL 34744

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 NUNEZ, RAMON
Address 712 N. PALM AVENUE
City-State-Zip: KISSIMMEE FL 34741

Title ELDER
Name BELLO, THOMAS
Address 3992 BLOSSOM DEW DR
City-State-Zip: KISSIMMEE FL 34776

Title SECRETARY
Name THOMPSON, RICHARD
Address 2720 CRANMOOR DR
City-State-Zip: KISSIMMEE FL 34758

Title ELDER
Name SALVATELLA, RUBEN
Address 2453 AUGUSTA WAY
City-State-Zip: KISSIMMEE FL 34746

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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

01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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