

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

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

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

Title ELDER  
Name MAGLOIRE, BUENO  
Address 2106 WALDEN PARK CIRCLE,  
APT #203  
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 BELLO, THOMAS  
Address 3992 BLOSSOM DEW DR  
City-State-Zip: KISSIMMEE FL 34776

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

**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****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