

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708921

1. Entity Name

KISSIMMEE CHURCH OF CHRIST, INC.

Principal Place of Business

921 W. VINE STREET
KISSIMMEE FL 34741

Mailing Address

921 W. VINE STREET
KISSIMMEE FL 34741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2375005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FENDER, RUSSELL L
1216 W PATRICK ST.
KISSIMMEE, FL
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS SLOAN, DAVID
CITY-ST-ZIP 2220 SETTLERS TRAIL
ORLANDO FL

☐ Delete

TITLE
NAME D
STREET ADDRESS WRIGHT, CHARLES D
CITY-ST-ZIP 1747 KINGS HWY.
KISSIMMEE FL

☐ Delete

TITLE
NAME T
STREET ADDRESS FENDER, RUSSELL L
CITY-ST-ZIP 800 E. MARTIN ST.
KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

RUSSELL L FENDER
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 (407) 846-2577

Date

Daytime Phone #

CR2E037 (9/01)