


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 708921 1. Entity Name KISSIMMEE CHURCH OF CHRIST, INC.	
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Principal Place of Business 921 W. VINE STREET KISSIMMEE, FL 34741	Mailing Address 921 W. VINE STREET KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE

04132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2375005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROYLES, CHARLES O 7635 SIMMS AVE. ORLANDO, FL 32812
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000911329
05/07/08-80035-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTHRIE, ROBERT 4465 STORY ROAD ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROYLES, CHARLES O 7629 SIMMS AVE. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENDER, RUSSELL L 800 E. MARTIN ST. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Charles O. Broyles Charles O. Broyles 4-6-08 407853-1477