


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 710285</b>	
1. Entity Name NORTH KISSIMMEE BAPTIST CHURCH, INC.	

Principal Place of Business 425 W. DONEGAN AVE. KISSIMMEE, FL 34741	Mailing Address 425 W. DONEGAN AVE. KISSIMMEE, FL 34741
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04182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1092456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MORSE, MARY E 2433 SABLE DRIVE KISSIMMEE, FL 34744
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

1101100533874  
05/06/06-80140-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, JANICE 2551 RIDGEWAY DR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIVINE, ROBERT 14721 LONE EAGLE DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, RICHARD A JR. 2609 BEAUMONT AVE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC MORSE, MARY 2433SABLE DR KISSIMMEE, FL 34744
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:** Robert W. Divine 4-18-06 401-353-7133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Robert W. Divine*