

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712874

1. Entity Name

KISSIMMEE FREE METHODIST CHURCH, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90049 037 ****61.25

Principal Place of Business 1701 N. THACKER AVE. KISSIMMEE FL 34741	Mailing Address 1701 N. THACKER AVE. KISSIMMEE FLA 34741-3019
---------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State
Zip	Country

4. FEI Number 59-2287669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAUFMANN, DONALD
1501 N PETTIS BLVD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STREETMAN, ERNEST
STREET ADDRESS	3223 BOGGY CREEK TERRACE DR.
CITY-ST-ZIP	KISSIMMEE, FL 0
TITLE	P <input type="checkbox"/> Delete
NAME	KAUFMANN, DONALD
STREET ADDRESS	1501 N PETTIS BLVD
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	T <input type="checkbox"/> Delete
NAME	RUSSELL, RAYMOND
STREET ADDRESS	2957 LANA COURT
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BLAKE, LINDLEY
STREET ADDRESS	4207 GOLD RUSH LANE
CITY-ST-ZIP	ST CLOUD FL 34772
TITLE	TD <input type="checkbox"/> Delete
NAME	PIERCE, JANET
STREET ADDRESS	702 CUMMINGS CT
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED** 2-21-00 407-826-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)