2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2005 08:00 AM **DOCUMENT # 712874 Secretary of State** 1. Entity Name KISSIMMEE FREE METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1701 N. THACKER AVE. 1701 N. THACKER AVE. KISSIMMEE FL 34741 KISSIMMEE FL 34741 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 59-2287669 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAUFMANN, DONALD Street Address (P.O. Box Number is Not Acceptable) 1501 N PETTIS BLVD KISSIMMEE FL 34741 Zıp Code FL 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 hame 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 **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change Addition STREETMAN, ERNEST NAME 3223 BOGGY CREEK TERRACE DR. STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 0 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition U00000265939 Change 03/17/05-80010-009 61.25 TITLE Delete THEF KAUFMANN, DONALD NAME NAME 1501 N PETTIS BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition TITLE ☐ Delete TURNBULL, REUEL NAME NAME 532 DELIDO WAY SPREET ADDRESS STREET ADDRESS KISSIMMEE FL 34758 CHY-SI-ZP CITY - ST - ZIP Delete Change Addition THE me PIERCE, JANET NAME NAME 702 CUMMINGS CT STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY - ST - ZIP City ST-ZIP Change Addition MILE Delete NAME NAME SIREET ADDRESS STREET ADDRESS CITY-ST- AP CITY-ST-ZIP Change ☐ Addition HHE Delete 1/11/5 NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST - ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED