

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 712874

1. Entity Name

KISSIMMEE FREE METHODIST CHURCH, INC.



Principal Place of Business

1701 N. THACKER AVE.
KISSIMMEE FL 34741

Mailing Address

1701 N. THACKER AVE.
KISSIMMEE FL 34741



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2287669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFMANN, DONALD
1501 N PETTIS BLVD
KISSIMMEE FL 34741

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KAUFMANN, DONALD	
STREET ADDRESS	1501 N PETTIS BLVD	
CITY-STATE-ZIP	KISSIMMEE FL 34741	

TITLE	AT	<input type="checkbox"/> Delete
NAME	TURNBULL, REUEL	
STREET ADDRESS	532 DELIDO WAY	
CITY-STATE-ZIP	KISSIMMEE FL 34758	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PIERCE, JANET	
STREET ADDRESS	702 CUMMINGS CT	
CITY-STATE-ZIP	KISSIMMEE FL 34741	

TITLE	T	<input type="checkbox"/> Delete
NAME	HOWARD, RICK	
STREET ADDRESS	1678 SCHOOL ST	
CITY-STATE-ZIP	INTERCESSION CITY FL 33848-0171	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000000666287
03/23/07-80066-006 61.25

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

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CITY-STATE-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janet L Pierce, Treasurer

3-12-7 407-826-2331