2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2008 8:00 am DOCUMENT # 712874 **Secretary of State** 1. Entity Name 03-28-2008 90023 026 ****61.25 KISSIMMEE FREE METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1701 N. THACKER AVE. KISSIMMEE FL 34741 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. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-2287669 Not Applicable Ziα Country Zip Country \$8.75 Additional 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 Zin 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 Fiorida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and N.C. I amplicable. (NOTE: Renistated Agent signature (equitod whea rainstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE MILE ☐ Delete ☐ Change Addition KAUFMANN, DONALD NAME NAME 1501 N PETTIS BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY - ST - ZIP CITY-ST-ZIP AT TITLE ☐ Defete TITLE Change Addition TURNBULL, REUEL NAME NAME 532 DELIDO WAY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34758 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIERCE, JANET NAME NAME STREET ADDRESS 702 CUMMINGS CT STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE Dalete TITLE ☐ Addition Trustee Change HOWARD, RICK NAME ie Garten STREET ADDRESS 1678 SCHOOL ST STREET ADDRESS INTERCESSION CITY FL 33848-0171 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 infectiment with an address, with all other like empowered.

SIGNATURE: Signature Donald A. Kaufmann 3-11-08 407-847-4528

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information