

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90043 026 *****70.00

DOCUMENT # 757897

1. Entity Name
ST. JOHN'S EPISCOPAL CHURCH OF KISSIMMEE, INC.



Principal Place of Business
**C/O RECTOR
1709 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741-3218 US**

Mailing Address
**C/O RECTOR
1709 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741-3218 US**

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

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1291125

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

**RADCLIFF, CECIL D III
1615 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)

3010 Big Sky Blvd

City

Kissimmee

FL

Zip Code

34744

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

Cecil D. Radcliff

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **MCGREGOR, ASLEY**
STREET ADDRESS **1600 CELLENY CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **RADCLIFF, CECIL D**
STREET ADDRESS **1615 N JOHN YOUNG PKWY**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3010 Big Sky Blvd**
CITY-ST-ZIP **Kissimmee FL 34744**

SD ☐ Delete
NAME **SINANAN, JOANNE**
STREET ADDRESS **1105 MAIRI CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **Claudia McGregor**
CITY-ST-ZIP **1600 Cellyny Ct. Kissimmee FL 34744**

CD ☐ Delete
NAME **CANADA, MARY**
STREET ADDRESS **1551 PALM TREE DR**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **Delores Griffin**
CITY-ST-ZIP **1620 The Oaks Blvd Kissimmee FL 34746**

D ☐ Delete
NAME **TEMPLE, JAMES**
STREET ADDRESS **2586 JASMINE TRACE DR**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **Frank Derbyshire**
CITY-ST-ZIP **610 Polo Park Blvd E Davenport FL 33897**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

407-847-2009

Daytime Phone #