

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90138 018 \*\*\*\*66.25

**DOCUMENT # N04000001072**

1. Entity Name

**K.G. INTERNATIONAL WORSHIP CENTER, CHURCH OF  
KEVIN G. MINISTRIES INC.**



Principal Place of Business

**11349 S ORANGE BLOSSOM TRAIL  
BLDG 2 UNIT B-108  
ORLANDO FL**

Mailing Address

**P O BOX 770697  
ORLANDO FL 32837**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

**20-0781377**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GIMENEZ, KEVIN E  
11878 SINDLESHAM CT  
ORLANDO FL 32837**

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. 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, 2006**

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** ☐ Delete  
NAME **GIMENEZ, KEVIN E**  
STREET ADDRESS **11878 SINDLESHAM CT**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **ES** ☐ Delete  
NAME **GONZALEZ, EVELYN**  
STREET ADDRESS **533 MOONGLOW BLVD**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **T** ☒ Delete  
NAME **RUIZ, STEFANI**  
STREET ADDRESS **3927 TOWNSHIP SQUARE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D2** ☐ Delete  
NAME **FERERAS, GUSTAVO**  
STREET ADDRESS **2446 MILLRUN BLVD**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D3** ☒ Delete  
NAME **NAZARIO, ABIEL**  
STREET ADDRESS **1600 KENDRICK DR, # D**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **VP** ☐ Delete  
NAME **GIMENEZ, KEVIN**  
STREET ADDRESS **3927 TOWNSHIP SQUARE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32837**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR 1** ☐ Change ☒ Addition  
NAME **GREGORY LEE**  
STREET ADDRESS **1513 COLONY AV**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **DANIEL FERRERAS**  
STREET ADDRESS **3948 GARDEN PLAZA WAY**  
CITY-ST-ZIP **APT. 4913 ORLANDO FL 32837**

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Kevin E Gimenez*  
**KEVIN E GIMENEZ**

**02/16/2006 (321)228-3127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #