

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12755

FILED
Jan 06, 2006
Secretary of State

Entity Name: KISSIMMEE CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

614 DOPHIN ST
% AURELIUS BROWN
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

4800 VANGUARD ST.
% AURELIUS BROWN
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 62-8004331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, AURELIUS
4800 VANGUARD ST.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, AURELIUS,
Address: 4800 VANGUARD ST
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: BROWN, RUBY M.,
Address: 4800 VANGUARD ST
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: STERLING, BLAKE,
Address: 414 TARPON ST.
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: HALL, MARIE,
Address: 413 BENITA ST
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: CONINGTON, JON E
Address: 1179 WESTWORTH CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HARRIS, CHARLENE D
Address: 1041 N HASTING ST
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARRIS, CHARLENE D
Address: 1641 N HASTING ST
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURELIUS BROWN

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date