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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:36

DOCUMENT # N16858 (5)

1. Corporation Name
THE ALLIANCE CHURCH OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
1485 MILL SLOUGH RD KISSIMMEE FL 34744	1485 MILL SLOUGH RD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1986
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2884295 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAF, JAMES R. 854 COUNTRY CROSSING CT KISSIMMEE FL 34744	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	GRAF, JAMES R.	12 NAME	
STREET ADDRESS	854 COUNTRY CROSSING CT	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STEFFY, HERBERT	22 NAME	
STREET ADDRESS	200 MANTE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	BRACKEN, ANNE	32 NAME	
STREET ADDRESS	2329 MEADOW ST.	33 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BYE, RICHARD	42 NAME	
STREET ADDRESS	4202 FORT COURAGE	43 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	KLINGENSMITH, TONI	52 NAME	
STREET ADDRESS	1525 TRUMBULL ST	53 STREET ADDRESS	Maureen Natow 1534 Colony Ave.
CITY-ST-ZIP	KISSIMMEE FL	54 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JOSEPHSEN, CARL	62 NAME	
STREET ADDRESS	314 S. LATONIA	63 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Graf James R Graf 2/14/95 (407) 846-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

COR0015