

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N16858 (5)

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

Principal Place of Business
1485 MILL SLOUGH RD
KISSIMMEE FL 34744

Mailing Address
1485 MILL SLOUGH RD
KISSIMMEE FL 34744-2811



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/18/1986

3a. Date of Last Report
04/22/1996

4. FEI Number

59-2884295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GRAF, JAMES R.
854 COUNTRY CROSSING CT
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME GRAF, JAMES R.
STREET ADDRESS 854 COUNTRY CROSSING CT
CITY-ST-ZIP KISSIMMEE FL

TITLE VD
NAME STEFFY, HERBERT
STREET ADDRESS 200 MANTE DRIVE
CITY-ST-ZIP KISSIMMEE FL

TITLE VS
NAME BRACKEN, ANNE
STREET ADDRESS 2329 MEADOW ST.
CITY-ST-ZIP KISSIMMEE FL

TITLE TD
NAME BYE, RICHARD
STREET ADDRESS 4202 FORT COURAGE
CITY-ST-ZIP KISSIMMEE FL

TITLE TD
NAME NATOW, MAUREEN
STREET ADDRESS 1534 COLONY AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE D
NAME JOSEPHSEN, CARL
STREET ADDRESS 314 S. LATONIA
CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME CZIGAN, PAUL
2.3 STREET ADDRESS 135 TULPAN DRIVE
2.4 CITY-ST-ZIP KISSIMMEE, FL

3.1 TITLE VS
3.2 NAME RIVERA, JAIME
3.3 STREET ADDRESS 657 MCKINLEY COURT
3.4 CITY-ST-ZIP KISSIMMEE, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 2971 RED OAK DR
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME STEFFY, HERB
6.3 STREET ADDRESS 400 MANTE DRIVE
6.4 CITY-ST-ZIP KISSIMMEE, FL

14. I do hereby certify that the information supplied with this filing 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

4/11/97

(1197) C-46-1969

CR2E037 (9/96)