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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16858

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/18/1986

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

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 ☐ DELETE

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

TITLE VD ☐ DELETE

NAME CZIGAN, PAUL
STREET ADDRESS 135 TULPAN DRIVE
CITY-ST-ZIP KISSIMMEE FL

TITLE SD ☒ DELETE

NAME COOK, ELLIE
STREET ADDRESS 1347 SIMMONS RD
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE TD ☒ DELETE

NAME DELGADO, ANTONIO
STREET ADDRESS 14299 LORD BARCLAY DRIVE
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☒ DELETE

NAME BAILEY, BRUCE
STREET ADDRESS 8024 BRIGHT CT.
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☒ DELETE

NAME STEFFY, HERB
STREET ADDRESS 200 MANTE DRIVE
CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED James R. Graf 4/22/99 (407) 846-1959

CR2E037 (1/98)