

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16858

1. Entity Name

THE ALLIANCE CHURCH OF KISSIMMEE, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90054 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1485 MILL SLOUGH RD  
KISSIMMEE FL 34744

1485 MILL SLOUGH RD  
KISSIMMEE FL 34744-2811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2884295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VD ☐ Delete  
NAME CZIGAN, PAUL  
STREET ADDRESS 135 TULPAN DRIVE  
CITY-ST-ZIP KISSIMMEE FL

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

TITLE SD ☒ Delete  
NAME VEACH, KELLY  
STREET ADDRESS 3634 LATE MORNING CIR  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Change ☒ Addition  
NAME T ROBERT PENCE  
STREET ADDRESS 232 STRATHMORE CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 347

TITLE D ☐ Delete  
NAME BARLEY, DAVID  
STREET ADDRESS 2979 MONICA TERRACE  
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE D ☐ Delete  
NAME COOK, BARRY  
STREET ADDRESS 1347 SIMMONS RD  
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE D ☐ Delete  
NAME KLINGENSMITH, PAM  
STREET ADDRESS 1537 TINA LANE  
CITY-ST-ZIP KISSIMMEE FL 34744

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 exemption stated in Section 119.07(3)(i), 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

(407)344-8652

Daytime Phone #

CR2E037 (9/99)