

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N18858**

1. Entity Name

The Alliance Church of Kissimmee

FILED

00 JUL 10 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1485 Mill Slough Rd  
Kissimmee, FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2884295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James Graf  
854 Country Crossing Ct  
Kissimmee, FL 34744

Name

Ja

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 **V/D**  
NAME **Paul Gzigay**  
STREET ADDRESS **2530 Mill Run Blvd**  
CITY-ST-ZIP **Kissimmee FL 34744**

TITLE ☐ Change ☐ Addition  
NAME **300003334993--4**  
STREET ADDRESS **-07/25/00--01049--010**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **T/D**  
NAME **Bob Pence**  
STREET ADDRESS **232 Strathmore Circle**  
CITY-ST-ZIP **Kissimmee, FL 34744**

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

TITLE **D**  
NAME **Daniel Sanders**  
STREET ADDRESS **127 Tijuana Dr**  
CITY-ST-ZIP **Kissimmee FL 34743**

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

TITLE **D**  
NAME **Barbara Hanrahan**  
STREET ADDRESS **2622 Einwood Dr**  
CITY-ST-ZIP **Kissimmee, FL 34758-2113**

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

TITLE **D**  
NAME **Pam Klingensmith**  
STREET ADDRESS **1537 Tina Lane**  
CITY-ST-ZIP **Kissimmee FL 34744**

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

TITLE **D**  
NAME **Jennifer Fornes**  
STREET ADDRESS **192 Hidden Springs Cir**  
CITY-ST-ZIP **Kissimmee, FL 34743**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00

(407)846-1959

Date

Daytime Phone #