

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90765 005 ****61.25

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04162004 Chg-NP CR2E037 (10/03)

DOCUMENT # N92000000977 1. Entity Name KISSIMMEE AREA MINISTERIAL ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 421873 KISSIMMEE, FL 34742-1873			Mailing Address P.O. BOX 421873 KISSIMMEE, FL 34742-1873		
2. Principal Place of Business <u>700 Union Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>700 Union Street</u> Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State <u>KISSIMMEE, FL</u>		City & State <u>KISSIMMEE, FL</u>			
Zip <u>34741-5000</u>		Zip <u>34741-5000</u>			
Country <u>USA</u>		Country <u>USA</u>			
6. Name and Address of Current Registered Agent ZIEG, PETER J REV 3016 W VINE ST KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name <u>PATRICK G. McCann, Sr</u> Street Address (P.O. Box Number is Not Acceptable) <u>778 FOREST LANE</u> City <u>KISSIMMEE</u> FL <u>34746</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Patrick G. McCann, Sr</u> DATE <u>4-19-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAF, JAMES 854 COUNTRY CROSSING CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILDER, TIM 1700 W. JOHN YOUNG PKWY. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REAVES, ROBERT 400 SIMPSON RD KISSIMMEE, J3 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STONE, ROGER 1620 NEPTUNE RD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZIEG, PETER J 3016 W VINE ST KISSIMMEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT McCann, Patrick G 778 FOREST LANE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u>Patrick G. McCann, Sr</u>			4-19-2004 (407) 396-1894		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		