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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # 722304 (3)
 1. Corporation Name

PALMETTO PRESBYTERIAN CHURCH OF MIAMI, INC.

Principal Place of Business Mailing Address
 6790 S.W. 56TH ST. 6790 S.W. 56 ST.
 MIAMI FL 33155 MIAMI FL 33155
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1971
 3a. Date of Last Report 02/18/1994
 4. FEI Number 59-0904152
 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 WALKER, JAMES A
 19 W FLAGLER ST., STE 624
 MIAMI FL 33130

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) 2655 Le Heune Road
 83 Suite 804, Gables Int'l Plaza
 84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *James A Walker* 1/30/95
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
 TITLE P
 NAME HONDERICH, DAVID
 STREET ADDRESS 5880 SW 63 CT
 CITY-ST-ZIP MIAMI FL
 TITLE S
 NAME KERMES, THOMAS
 STREET ADDRESS 10800 SW 124 STREET
 CITY-ST-ZIP MIAMI FL
 TITLE T
 NAME WILKES, ROBERT W., JR.
 STREET ADDRESS 12483 SW 104 LANE
 CITY-ST-ZIP MIAMI FL
 TITLE D
 NAME ELIAS, MIRIAM
 STREET ADDRESS 9173 FOUNTAINEBLEAU BLVD
 CITY-ST-ZIP MIAMI FL
 TITLE D
 NAME ROBINSON, RITA
 STREET ADDRESS 7169 SW 42 TERR
 CITY-ST-ZIP MIAMI FL
 TITLE D
 NAME PRALL, HORACE
 STREET ADDRESS 1139 ALFONSO AVE
 CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE President Change Addition
 1.2 NAME Parker, George
 1.3 STREET ADDRESS 10991 SW 158 TER
 1.4 CITY-ST-ZIP Miami FL 33157
 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 House, Donald
 5.3 STREET ADDRESS 17870 SW 136 CT
 5.4 CITY-ST-ZIP Miami FL 33177
 6.1 TITLE Change Addition
 6.2 NAME Parker, Dorothy
 6.3 STREET ADDRESS 7497 SW 59 ST
 6.4 CITY-ST-ZIP Miami FL 33143

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Thomas C. Kermes* Jan 15, 1995 686-2703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
 Thomas C. Kermes