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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722304

1. Corporation Name
PALMETTO PRESBYTERIAN CHURCH OF MIAMI, INC.

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

Mailing Address: 6790 S.W. 56 ST. MIAMI FL 33155



21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified 12/16/1971	4. FEI Number 59-0904152	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		City & State		City & State		\$8.75 Additional Fee Required		
City & State		City & State		5. Certificate of Status Desired		Zip		Country		6. Election Campaign Financing Trust Fund Contribution		
Zip		Country		Zip		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALKER, JAMES A 7700 NORTH KENDALL DR STE 404 MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	MANNING, DEAN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	BOB HOLZBOEN		
STREET ADDRESS		15835 S W 101ST AVENUE		1.3 STREET ADDRESS	8455 SW 48 STREET		
CITY-ST-ZIP		MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	D	BERENDSOHN, CAROLYN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECTY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	JILL MOSCOSO		
STREET ADDRESS		11635 S W 168TH TERRACE		2.3 STREET ADDRESS	7310 SW 35 STREET		
CITY-ST-ZIP		MIAMI FL 33157		2.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	D	MESTRES, ALEX	<input type="checkbox"/> DELETE	3.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	RITA ROBINSON		
STREET ADDRESS		8500 S W 133RD AVENUE ROAD, #401		3.3 STREET ADDRESS	7169 SW 42 TERRACE		
CITY-ST-ZIP		MIAMI FL 33183		3.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	D	BERENDSOHN, BILL	<input type="checkbox"/> DELETE	4.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	CAROL GREEN		
STREET ADDRESS		11635 S W 168TH TERRACE		4.3 STREET ADDRESS	13120 SW 117 STREET		
CITY-ST-ZIP		MIAMI FL 33157		4.4 CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	D	HONDERICH, FAYE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS		5880 S W 63RD COURT		5.3 STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33143		5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(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: Jill Moscoso SIGNATURE REQUIRED: Jill Moscoso Date: 15 Jul 99 Daytime Phone #: 305-261-4792

CR2E037 (11/98)