


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 722304 1. Entity 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
---	---

2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-0904152 Applied For <input type="checkbox"/> Not Applicable
---	--	--



MOORE CR2E037 (11/03)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
---	---------------------------------------	--

6. Name and Address of Current Registered Agent SOLER, YOLANDA 9449 NW 47TH TERRACE MIAMI FL 33178-2084	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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	P STORTS, GAIL	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	7713 KENDALL DR # A-301	NAME	000000045972
STREET ADDRESS	MIAMI FL 33158-7576	STREET ADDRESS	02/13/04-80044-020 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S GOMEZ, SANDRA Y	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	6415 SW 107TH AVENUE	NAME	
STREET ADDRESS	MIAMI FL 33173	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GALINDO, ROGER	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	5625 SW 152ND COURT	NAME	
STREET ADDRESS	MIAMI FL 33193	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LEON, ALEJANDRO	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	6442 SW 16TH ST	NAME	
STREET ADDRESS	MIAMI FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MONTANEZ, VIVIANA	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3144 SW 23RD TERR	NAME	
STREET ADDRESS	MIAMI FL 33145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Viviana Montanez* (Viviana Montanez) 2/10/04 305-940-6299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #