


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90530 026 ****61.25

DOCUMENT # 722304

1. Entity 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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0904152** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *Yolanda Soler* DATE *1/14/03*

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P STORTS, GAIL	<input type="checkbox"/> Delete
STREET ADDRESS	7713 KENDALL DR # A-301	
CITY-ST-ZIP	MIAMI FL 33156-7576	
TITLE NAME	S GOMEZ, SANDRA Y	<input type="checkbox"/> Delete
STREET ADDRESS	6415 SW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	D GALINDO, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	5625 SW 152ND COURT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	D LEON, ALEJANDRO	<input type="checkbox"/> Delete
STREET ADDRESS	6442 SW 16TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME	D MONTANEZ, VIVIANA	<input type="checkbox"/> Delete
STREET ADDRESS	3144 SW 23RD TERR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Yolanda Soler* DATE: *1/14/03* (305) 477-8822

CR2E037 (10/02)