

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N93000001684 (0)

95 MAR 22 PM 3: 24

1. Corporation Name
SILVER PALM METHODIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0993588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
15855 SW 249TH ST HOMESTEAD FL 33001		19411 S.W. 308 ST. W.E.O. MCALLISTER HOMESTEAD FL 33030	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

9. Name and Address of Current Registered Agent

MCALLISTER, EUGENE O
19411 SW 308 ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	CAMPBELL, JACK
STREET ADDRESS	24757 SW 167 AVE
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	TST
NAME	HOLLON, JOHN
STREET ADDRESS	23625 SW 152 AVE
CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	T
NAME	STEWART, AL
STREET ADDRESS	27521 SW 154 AVE
CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	C
NAME	SCHOOLEY, LES
STREET ADDRESS	28482 SW 125 ST.
CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	T
NAME	MCALLISTER, EUGENE O
STREET ADDRESS	19411 SW 308 ST.
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Tr D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann B. McAllister	
1.3 STREET ADDRESS	19411 SW 308 St	
1.4 CITY-ST-ZIP	Homestead, Fla 33030	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wolf Mueller	
4.3 STREET ADDRESS	14531 SW 264 St	
4.4 CITY-ST-ZIP	Homestead, Fla 33032	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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: Ann B. McAllister **3-14-95** **305-247-7409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #