

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001684 (0)**

1. Corporation Name

**SILVER PALM METHODIST CHURCH, INC.**



Principal Place of Business <b>15855 SW 248TH ST HOMESTEAD FL 33031</b>	Mailing Address <b>19411 S.W. 308 ST. MCALLISTER HOMESTEAD FL 33030</b> (same)
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3. Date Incorporated or Qualified <b>04/15/1993</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>59-0993588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 **ANN B. McAllister**

82 Street Address (P.O. Box Number is Not Acceptable)  
**19411 SW 308 Street**

83

84 City **Homestead** FL 85 Zip Code **33030**

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 617.0603, Florida Statutes.

SIGNATURE *Eugene O McAllister* DATE **4-4-96**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Reg. Agent</b> <b>MCALLISTER, ANN B.</b> <b>19411 SW 308 ST</b> <b>HOMESTEAD FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TST</b> <b>HOLLON, JOHN</b> <b>23625 SW 152 AVE</b> <b>HOMESTEAD FL 33032</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T - President</b> <b>STEWART, AL</b> <b>27521 SW 154 AVE</b> <b>HOMESTEAD FL 33032</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T - President</b> <b>MUELLER, WOLF</b> <b>14531 SW 264 ST</b> <b>HOMESTEAD FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Reg Agent</b> <b>MCALLISTER, EUGENE O</b> <b>19411 SW 308 ST.</b> <b>HOMESTEAD FL 33030</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>3</b> <b>Sec-Treas - TD</b> <b>Molly Hollon</b> <b>23625 SW 152 AVE</b> <b>Homestead FL 33032</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>900001779518</b> <b>-04/15/96--01023--017</b> <b>***61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ann B. McAllister* DATE: **3/19/96** DAYTIME PHONE #: **305-247-8405**

CR2E037 (12/95)