

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90031 022 ****61.25

0034C

DOCUMENT # N93000001684

1. Entity Name

SILVER PALM METHODIST CHURCH, INC.

Principal Place of Business

15855 SW 248TH ST
 HOMESTEAD FL 33031

Mailing Address

15855 SW 248 ST
 HOMESTEAD FL 33031
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0993588

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELMORE, JOYCE B
405 NW 14TH ST
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name
Myra Appleby
 Street Address (P.O. Box Number is Not Acceptable)
17970 SW 272 Street
 City
Homestead FL Zip Code
33031

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.

SIGNATURE

Myra Appleby
 Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

3-23-01
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | V/D | <input type="checkbox"/> Delete |
| NAME | LOWE, JOHN | |
| STREET ADDRESS | 20750 SW 246 ST | |
| CITY-ST-ZIP | HOMESTEAD FL | |
| TITLE | D/C | <input type="checkbox"/> Delete |
| NAME | APPLEBY, MYRA | |
| STREET ADDRESS | 17970 SW 272 ST | |
| CITY-ST-ZIP | HOMESTEAD FL | |
| TITLE | CT | <input checked="" type="checkbox"/> Delete |
| NAME | ELMORE, JOYCE B | |
| STREET ADDRESS | 405 NW 14 ST | |
| CITY-ST-ZIP | HOMESTEAD FL | |
| TITLE | ID | <input type="checkbox"/> Delete |
| NAME | MCMILLAN, JANE | |
| STREET ADDRESS | 18900 SW 147 AVE | |
| CITY-ST-ZIP | MIAMI FL 33187 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | J. Kenneth Berger | |
| STREET ADDRESS | 18420 SW 267 St | |
| CITY-ST-ZIP | Homestead, FL 33031 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | Randy Turner | |
| STREET ADDRESS | 16840 SW 278 St | |
| CITY-ST-ZIP | Homestead, FL 33031 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Connie Fleming | DELETE |
| STREET ADDRESS | 18320 SW 224 St | |
| CITY-ST-ZIP | Miami, FL 33170 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Ruiz | |
| STREET ADDRESS | 25105 SW 152 Av | |
| CITY-ST-ZIP | Homestead, FL 33032 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sam Jones | |
| STREET ADDRESS | 16500 SW 277 St | |
| CITY-ST-ZIP | Homestead, FL 33031 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Karen Henington | |
| STREET ADDRESS | 25360 SW 182 Av | |
| CITY-ST-ZIP | Homestead, FL 33031 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steve McMillan | |
| STREET ADDRESS | 18930 SW 147 Av | |
| CITY-ST-ZIP | Miami, FL 33187 | |

12. I hereby certify that the information supplied in 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:

Myra Appleby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01 **305-245-2211**
 Date Daytime Phone #

CR2E037 (10/00)