

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90544 011 ****61.25



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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-0993588

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMILLAN, JANE
 ONE SOUTHEAST THIRD AVENUE
 SUITE 1750
 MIAMI FL 33131**

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 *Jane W. McMillan* DATE **4/21/04**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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	D <input type="checkbox"/> Delete
NAME	HENINGTON, KAREN
STREET ADDRESS	25360 SW 182 AVENUE
CITY - ST - ZIP	HOMESTEAD FL 33031
TITLE	D <input type="checkbox"/> Delete
NAME	HOAK, GREG
STREET ADDRESS	13305 SW 232 STREET
CITY - ST - ZIP	MIAMI FL 33170
TITLE	D <input type="checkbox"/> Delete
NAME	GODFREY, TOM
STREET ADDRESS	16780 SW 278 STREET
CITY - ST - ZIP	HOMESTEAD FL 33031
TITLE	CD <input type="checkbox"/> Delete
NAME	MCMILLAN, JANE
STREET ADDRESS	18900 SW 147 AVENUE
CITY - ST - ZIP	MIAMI FL 33187
TITLE	D <input type="checkbox"/> Delete
NAME	CUTSHALL, SCOTT
STREET ADDRESS	10885 SW 173 TERRACE
CITY - ST - ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	MCMILLAN, STEVE
STREET ADDRESS	18830 SW 147 AVENUE
CITY - ST - ZIP	MIAMI, FL 33187

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(j), 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: *Jane W. McMillan* DATE: **4/21/04** DAYTIME PHONE #: **305 379-4008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #