
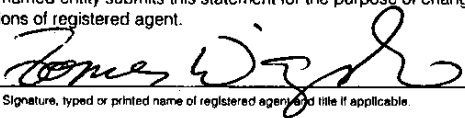
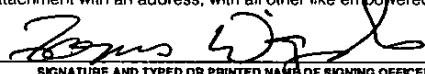


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90280 006 \*\*\*\*61.25

<b>DOCUMENT # N93000001684</b>						
1. Entity Name <b>SILVER PALM METHODIST CHURCH, INC.</b>						
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		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MCMILLAN, JANE ONE SOUTHEAST THIRD AVENUE SUITE 1750 MIAMI, FL 33131				Name James D'Azevedo		
				Street Address (P.O. Box Number is Not Acceptable) 24545 SW 192 Avenue		
				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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		James D'Azevedo		April 29, 2005		
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
				Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HENNINGTON, KAREN	NAME	Helen Peoples			
STREET ADDRESS	25360 SW 182 AVENUE	STREET ADDRESS	17350 SW 232 St., #68			
CITY-ST-ZIP	HOMESTEAD, FL 33031	CITY-ST-ZIP	Homestead, FL 33170			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HOAK, GREG	NAME	Randy Willich			
STREET ADDRESS	13305 SW 232 STREET	STREET ADDRESS	635 SE 19 Drive			
CITY-ST-ZIP	MIAMI, FL 33170	CITY-ST-ZIP	Homestead, FL 33033			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GODFREY, TOM	NAME	Jack Rowe			
STREET ADDRESS	16780 SW 278 STREET	STREET ADDRESS	15045 SW 160 Street			
CITY-ST-ZIP	HOMESTEAD, FL 33031	CITY-ST-ZIP	Miami, FL 33187			
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MCMILLAN, JANE	NAME	James D'Azevedo			
STREET ADDRESS	18900 SW 147 AVE	STREET ADDRESS	24545 SW 192 Avenue			
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	Homestead, FL 33031			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CUTSHALL, SCOTT	NAME	Diana Robbins			
STREET ADDRESS	10985 SW 173 AVENUE	STREET ADDRESS	16142 SW 287 Street			
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	Homestead, FL 33033			
TITLE	D <input type="checkbox"/> Delete	TITLE				
NAME	MCMILLAN, STEVE	NAME				
STREET ADDRESS	18930 SW 147 AVENUE	STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33187	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: 		James D'Azevedo		April 29, 2005 (305) 247-3769		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		

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