


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 014 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03262007 Chg-NP CR2E037 (12/06)

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

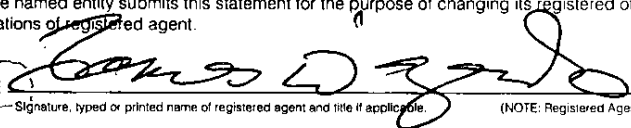
D'AZEVEILO, JAMES
24545 SW 192ND AVE
HOMESTEAD, FL 33031

D'AZEVEDO, JAMES (Correction)

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: **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: 
 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, 2007

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 checked="" type="checkbox"/> Delete
NAME	ROWE, JACK	
STREET ADDRESS	15045 SW 160 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOAK, GREG	
STREET ADDRESS	13305 SW 232 ST	
CITY-ST-ZIP	MIAMI, FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCALLISTER, EUGENE	
STREET ADDRESS	19411 SW 308 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	CD	<input type="checkbox"/> Delete
NAME	D'AZEVEDO, JAMES	
STREET ADDRESS	24545 SW 192 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, MARGARET	
STREET ADDRESS	11235 SW 166 TERR	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEBY, MYRA	
STREET ADDRESS	17970 SW 272 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jensen, Robert	
STREET ADDRESS	18640 SW 295 Terr.	
CITY-ST-ZIP	Homestead, FL 33031	
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 exemptions contained in Chapter 119, 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:  **4-22-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #