

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90388 044 ****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**

42000007



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0993588**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, RANDY
16840 SW 278 STREET
HOMESTEAD FL 33031**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, DAVID	
STREET ADDRESS	P O BOX 4080	
CITY-ST-ZIP	PRINCETON FL 33092	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMORE, MURRAH	
STREET ADDRESS	405 NW 14 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SAM	
STREET ADDRESS	16500 SW 277TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	TD	<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	LAVENE, WHITNEY	
STREET ADDRESS	30992 SW 195 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	C	<input type="checkbox"/> Delete
NAME	TURNER, RANDY	
STREET ADDRESS	16840 SW 278TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(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: *Randy Turner* **A. TURNER** 1/31/03 3052473769

CR2E037 (10/02)