


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 700906
 1. Entity Name
PALMA CEIA PRIMITIVE BAPTIST CHURCH INC.



Principal Place of Business: **5905 6TH STREET TAMPA FL 33611**
 Mailing Address: **C/O CONNIE MILLAR 2534 LAKE ELLEN LANE TAMPA FL 33618**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State: _____
 Zip: _____ Country: _____

1st MOORE CR2E037 (10/07)

4. FEI Number: **59-6136487**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLAR, CONNIE B
 2534 LAKE ELLEN LANE
 TAMPA, FL
 TAMPA FL 33618**

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 _____ DATE _____
Signature, type or printed name of registered agent and title (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: VD <input type="checkbox"/> Delete | NAME: MILLAR, EUGENE P |
| STREET ADDRESS: 2534 LAKE ELLEN LN | CITY-ST-ZIP: TAMPA FL 33618 |
| TITLE: SD <input type="checkbox"/> Delete | NAME: MILLAR, CONNIE B |
| STREET ADDRESS: 2534 LAKE ELLEN LANE | CITY-ST-ZIP: TAMPA FL 33618 |
| TITLE: TD <input type="checkbox"/> Delete | NAME: PIERCE, WAYNE |
| STREET ADDRESS: 11714 CYPRESS PARK ST | CITY-ST-ZIP: TAMPA FL 33624 |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |

| 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: _____ |
| 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 Section 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: *Connie Millar*

1-25-08