

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortburg  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **702495** (3)  
1. Corporation Name

95 APR -5 PM 2:47

**PALMA CEIA CHRISTIAN CHURCH, INCORPORATED**

Principal Place of Business Mailing Address  
**3516 BAY TO BAY BLVD TAMPA FL 33629** **3516 BAY TO BAY BLVD TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Country 30

3. Date Incorporated or Qualified **05/29/1961** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **59-6196222** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JACOB C. UPDEGROVE  
3709 OBISPO STREET  
TAMPA FL 33629**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **BOOKER, DAVID**  
STREET ADDRESS **4314 OKLAHOMA AVENUE**  
CITY - ST - ZIP **TAMPA FL**  
TITLE **D**  
NAME **UPDEGROVE, JACOB C**  
STREET ADDRESS **3709 OBISPO STREET**  
CITY - ST - ZIP **TAMPA, FL 00000**  
TITLE **D**  
NAME **RITCH, TIMOTHY**  
STREET ADDRESS **6504 WESTSHORE CIRCLE**  
CITY - ST - ZIP **TAMPA, FL 00000**  
TITLE **D**  
NAME **BOSTWICK, JUDSON**  
STREET ADDRESS **4307 BEACHWAY DR**  
CITY - ST - ZIP **TAMPA, FL 00000**  
TITLE **Y**  
NAME **DURAN, HENRY**  
STREET ADDRESS **2905 W PARIS**  
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME **← DELETE Judson Bostwick**  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Duran* **Henry Duran** 3/22/95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Day/Mo/Yr) **(813) 839-5972**