

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 028 ****70.00

DOCUMENT # 704999

1. Entity Name
PALMETTO PRESBYTERIAN CHURCH INC



Principal Place of Business
**1115 10TH AVE. W.
PALMETTO, FL 34221-3725**

Mailing Address
**1115 10TH AVE. W.
PALMETTO, FL 34221-3725**

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

07102007

Chg-NP

CR2E037 (12/06)

4. FEI Number
05-0007111

Applied For
Not Applicable

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

**DEGROFF, JANET
2625 TERRA CEIA BAY BLVD. #206
PALMETTO, FL 34221**

Name **ROYCE A QUINTANA**
Street Address (P.O. Box Number is Not Acceptable)
279 NASSAU DR.

City **PALMETTO**

FL

Zip Code
34221

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 *Royce A Quintana* **ROYCE A QUINTANA PD** **7-10-07**
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 September 14, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **QUINTANA, ROYCE**
STREET ADDRESS **279 NASSAU DRIVE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DEGROFF, JANET**
STREET ADDRESS **2625 TERRA CEIA BAY BLVD. #206**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FERGUSON, MARTHA**
STREET ADDRESS **2416 WILDERNESS BLVD. W**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **THOMPSON, FRED**
STREET ADDRESS **278 MELODY LANE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Royce A Quintana* **PD** **7-10-07** **941 7223513**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ROYCE A QUINTANA