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

## Feb 06, 2008 08:00 AM **DOCUMENT # 704999** 1. Entity Name **Secretary of State** PALMETTO PRESBYTERIAN CHURCH INC Principal Place of Business Mailing Address 1115 10TH AVE. W. PALMETTO FL 34221-3725 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. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 05-0007111 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTANA, ROYCE Street Address (P.O. Box Number is Not Acceptable) 279 NASSAU DR PALMETTO FL 34221 Zip Code City 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, typod or printed name of registered anget and title if probabile (NOTE: Registered Agent signature received when recestating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete QUINTANA, ROYCE HAAAAA818197 NAME NAME 15/08-80031-010 70.00 STREET ADDRESS 279 NASSAU DRIVE STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP VD ☐ Change Addition Delete TITLE TITLE DEGROFF, JANET NAME MAME 2625 TERRA CEIA BAY BLVD. #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP SD Change Addition TITLE Delete FERGUSON, MARTHA NAME NAME STREET ADDRESS 2416 WILDERNESS BLVD. W STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-7/P TD ☐ Change ☐ Addition Delete TITLE TITLE THOMPSON, FRED NAME NAME 278 MELODY LANE STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZiP CITY-ST-7/P Addition ☐ Deleté TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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: Koya A Quint

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FILED