


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

**FILED**

**Feb 06, 2008 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 704999</b><br>1. Entity Name<br><b>PALMETTO PRESBYTERIAN CHURCH INC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1115 10TH AVE. W.<br>PALMETTO FL 34221-3725 | Mailing Address<br>1115 10TH AVE. W.<br>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)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>05-0007111</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|  |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b> |
| QUINTANA, ROYCE<br>279 NASSAU DR<br>PALMETTO FL 34221  |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| 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 \_\_\_\_\_

(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. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD<br>QUINTANA, ROYCE <input type="checkbox"/> Delete |
| NAME                       | 279 NASSAU DRIVE                                      |
| STREET ADDRESS             | PALMETTO FL 34221                                     |
| CITY-ST-ZIP                |   |
| TITLE                      | VD <input type="checkbox"/> Delete                    |
| NAME                       | DEGROFF, JANET  |
| STREET ADDRESS             | 2625 TERRA CEIA BAY BLVD. #206                        |
| CITY-ST-ZIP                | PALMETTO FL 34221                                     |
| TITLE                      | SD <input type="checkbox"/> Delete                    |
| NAME                       | FERGUSON, MARTHA                                      |
| STREET ADDRESS             | 2416 WILDERNESS BLVD. W                               |
| CITY-ST-ZIP                | PARRISH FL 34219                                      |
| TITLE                      | TD <input type="checkbox"/> Delete                    |
| NAME                       | THOMPSON, FRED  |
| STREET ADDRESS             | 278 MELODY LANE                                       |
| CITY-ST-ZIP                | PALMETTO FL 34221                                     |
| 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  | 000000818197  |
| STREET ADDRESS  | 02/15/08-80031-010 70.00  |
| 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: Royce A Quintana      Feb 4/08 941 7223513