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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

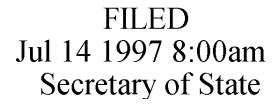
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(1)

PALMETTO COMMUNITY COVENANT CHURCH, INC.





| Principal Piace | e of Business | Mailin | lailing Address | | | | | - 1 100 int 100 int 0 0 int 130 int 80 int 10 int 140 it 60 int 0 int 10 int 10 int 10 int 10 int 10 int 10 int | | | | | |
|--|-------------------------------|---|-------------------------|---|----------|--------------------|--|---|--|------------------------------|---------------|------------------------|----------------|
| 10300 S. W. 162ND STREET MIAMI FL 33157 | | | | 10300 S. W. 162ND STREET MIAMI FL 33157-3165 | | | | | | | | | |
| | | | | | | | | | . Date Incorporate 03/31/19 | ed or Qualified 64 | 3a. Da | ate of Last 06/17/1 | Report 996 |
| 2. Principal P | lace of Busin | 2a. Ma | 2a. Mailing Address | | | | | FEI Number | | | | Applied For | |
| 21 | | | 26 | | | | | | 59-1357205 Not Applicable | | | | |
| Suite, Apt. | #, etc. | } | Suite, Apt. #, etc. | | | | 5. | . Certificate of Sta | atus Desired | | | Additional | |
| 22 | | | 27 | | | | | | . Commedia of Sia | 2103 2031100 | | Fee | Required |
| City & State | | | ├ ──┐ | City & State | | | | 6. | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | | 28 | | т | | | | Trust Fund Cont | | <u> </u> | | d to Fees |
| Zip | | Country | Zip |) | | ountry | • | 8. | . This corporation | | | | s. 199.032, |
| 24 | | 25 and Address of Cur | 29 | d Agent | 30 | | | | Florida Statutes Name and Add | | | _ No | |
| | e, ranno | and Addition of Out | TOTAL PROGRESSION | nu Agent | | 81 | Name | 10. | . Italila allo Aoo | IOSS OI IVOW ING | Jistered | Agent | |
| COANDE | RRY, DOR | e | | | | 82 | | | | | | | |
| | | | | | | Street | et Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 16505 SW 103 CT MIAMI FL 33157 | | | | | | | | | | | | | |
| MINNI TI | L 3319/ | | | | | 83 | | | | | | | |
| | | | | | | 64 | City | | | | FL | 85 Ziş | o Code |
| 11. Pursuant t | to the provisi | ons of Sections 617.0 | 0502 and 617.1 | I508 Florida Statu | tes the | ahove | e-namec | Corporatio | on submits this sta | stement for the n | urnoso of | changing | its registered |
| office or re | egistered age | ent, or both, in the St h, and accept the ob | ate of Florida. | Such change was | authoriz | ed by | the cor | poration's I | board of directors | . I hereby accep | t the app | ointment a | is registered |
| agent. i a | m raminar wit | n, and accept the op | oligations of Se | // V | ,,,, | | 9 | | | | | | İ |
| SIGNATURE _ | Signature, typed | d Carey or printed name of registered | Agent and little if and | plicable Tho | | ed Ago | | e required when | n reinstating\ | 07 | <u>/09/</u> | 97 | |
| 12. | | | AND DIRECTO | | 13 | | | | ADDITIONS/CHA | | | | DRS IN 12 |
| TITLE | ČT | | · | DELETE | 1.1 | TITLE | | | | | | Change | Addition |
| NAME | IAME GRANBERRY, DORIS | | | 1.2 NA | | | | | | | | | |
| STREET ADDRESS | TREET ADDRESS 16505 SW 103 CT | | | 1.3 ST | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI, F | LO | | | 1.4 | CITY-S | T - ZIP | | | | | | |
| TITLE | ST | | | DELETÉ | 2.1 | TITLE | | | | *** | | ☐ Change | Addition |
| NAME | ALSUM, DORTHY | | | | 2.2 NAME | | | | | | | | [|
| STREET ADDRESS | DRESS 22070 SW 108 CT | | | 2.3 \$ | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | GOULDS | FL | | | 2.4 | CITY-S | ST - ZIP | | | | | | |
| TITLE | Ť | | | ☐ DELET E | 3.1 | TITLE | | | | | | Change | Addition |
| NAME | ROBERT | s, Leonard | | | 3.2 | NAME | | | | | | | |
| STREET ADDRESS | 8441 SW | 144 ST | | | 3.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI, F | L O | | | 3.4. | CITY-5 | ST - ZIP | | | | | | |
| TITLE | FS | | | DELETE | 4.1 | TITLE | | FS | | | | Change | Addition |
| NAME | GREEN, | MAGGIE | | | 4.2 | NAME | | Batte | Rahtnson | | | | 1 |
| STREET ADDRESS | 19000 SW 128 CT | | | 4.3 S | | 4.3 STREET ADDRESS | | 12320 | Robinson | it. | | | ı |
| CITY-ST-ZIP | <u>Miami, F</u> | L 0 | | | 4.4 | CHY-S | T-ZIP | Prince | ton.Fl. 330 | 32 | | | ļ |
| TITLE | | | | DELETE | 5.1 | TITLE | | 1 | | | | ☐ Change | Addition |
| NAME | | | | | 5.2 | NAME | | | | | | | į |
| STREET ADDRESS | | | | | 5.3 | STREET | ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | | | | | 5.4 | CITY-S | T-ZIP | | | | | | |
| TITLE | | , , | | DELETE | 6.1 | TITLE | | | | | | ☐ Change | Addition |
| NAME | | | | | 6.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | | 6.3 | STREET | ADDRESS | | | | | | |
| CITY-ST- 2 IP | | | | | 6.4 | CITY-S | T-ZIP | | | | | | |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employeered 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.

Rev. Ed. Carey.