FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 707088

1. Corporation Name

PALMETTO COMMUNITY COVENANT CHURCH, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90036 007 ****61.25

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Principal Place		Mailing Address	FT		1 100 HT 100H 100H 100H 100H 10H 10H 10H	::01: 0:01: : :010: 0:01: 0:0	AIN BUBII HABI
MIAMI FL 331		MIAMI FL 33157	, L 1				
<u> </u>	lace of Business 2a. Mailing Address			<u>. </u>	3. Date Incorporated or Qualifed 03/31/1964		
21 Suite Ant	26				4. FEI Number	IAc	plied For
22	дае, г.ф.: ж, в.с				59-1357205		t Applicable
City & State City & State					5. Certificate of Status Desired	\$8.75	
23		28			Fee Required		
Zip	Country	Zip	Countr	y	6. Election Campaign Financing	\$5.00 Added 1	
24	9. Name and Address of Curr	29 ant Registered Agent	30		Trust Fund Contribution 10. Name and Address of New Regist		O Fees
	- Name and Address of Odis	ent rogistored Agent	81	Name	0-1-0		
CAREY B	EV E	•	82		KEV E. CAREY		_
CAREY, REV E 18400 SW 77TH COURT				Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL			83	1/	840 SW 172 ter		
			84		190 Ja 11219K	85 Zip (Code
			Ī	1 1/	MIAMI	FL 33	157
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statut	es, the above	e-named	corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Flo	rida Statute	S	, and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a second and a second a second a second a second a se		3
SIGNATURE	•					(TE	
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE AND DIRECTORS	13.	ent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	CT :	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GRANBERRY, DORIS		1.2 NAME		,	•	,
STREET ADORESS	16505 SW 103 CT		1.3 STREE	T ADDRESS		• •	
CITY-ST-ZIP	MIAMI, FL 0		1.4 CITY-	ST-ZIP	<u> </u>	·	
TITLE	ST	▼ DELETE	2.1 TITLE		ST, 21-16	Change	Addition
NAME	ALSUM, DORTHY		2.2 NAME	į	SANDRA RODGERS 10300 SW 162 St	•	,
STREET ADDRESS	22070 SW 108 CT		2.3 STREE	ET ADDRESS	10300 500 162 31		
CITY-ST-ZIP	GOULDS FL	<u> </u>	2.4 CITY-	ST-ZIP	MIAMI Re 33157		* • ` · • .
TITLE	FS	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	STINSON, MERCEDES		3.2 NAME	1		·	
STREET ADDRESS	8441 SW 144 ST	•		ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	PRINCETON FL	☐ DELETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE	ROBINSON, BETTY	□ DELETE	4.1 TITLE			Dionaligo	
NAME	***** ********************************		4. 2 NAME	1			
STREET ADDRESS	PRINCETON FL		4.4 CITY-	T ADDRESS			
CITY-ST-ZIP	TEMPOLIVITE	☐ DELETE	5.1 TITLE	31*4IF		Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	T ADDRESS	· ·	•	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TTLE		3-	☐ Change	☐ Addition
NAME			6.2 NAME				,
STREET ADDRESS			6.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		•	

I 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 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, with all other like empowered.

SIGNATURI	-
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tie Kosinson :

305 238- 7852 Daytime Phone #