

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707088

FILED
Apr 26, 2005
Secretary of State

Entity Name: PALMETTO COMMUNITY COVENANT CHURCH, INC.

Current Principal Place of Business:

10300 S. W. 162ND STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10300 S. W. 162ND STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-1357205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAREY, REV E
11040 SW 172 TERR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: GRANBERRY, DORIS
Address: 16505 SW 103 CT
City-St-Zip: MIAMI, FL 0,

Title: ST () Delete
Name: RODGERS, SANDRA
Address: 10300 SW 162 ST
City-St-Zip: MIAMI, FL

Title: FS () Delete
Name: DORSETT, CORA
Address: 10300 SW 162 ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: ROBINSON, BETTY
Address: 12320 SW 249TH ST
City-St-Zip: PRINCETON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FS (X) Change () Addition
Name: DORSETT, CORA
Address: 582 NW 11 ST.
City-St-Zip: FLORIDA CITY, FL 33034

Title: T (X) Change () Addition
Name: ROBINSON, BETTY
Address: 12320 SW 249TH ST
City-St-Zip: PRINCETON, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ROBINSON

TREA

04/26/2005

Electronic Signature of Signing Officer or Director

Date