2005 NOT-FOR-PROFIT CORPORATION

FILED

- ANNUAL REPORT				Jan 10, 2005 08:00 AN	
DOCUMENT # 712171 1. Entity Name PALM SPRINGS BAPTIST CHURCH, INC.				Secretary of State	
		<u> </u>			
Principal Place of Business 3300 TENTH AVENUE NORTH PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461					
DO NOT WRITE IN THIS SPA			CE	01042005 No Chg-NP CR2E037 (10/03)	
				4. FEI Number Applied For 59-1101710 Not Applied For	
	The second secon	on the second of	estes <u>ste</u> lla in a secondad	5. Certificate of Status Desired	
	6. Name and Address of Curr	ent Registered Agent		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ENGLERT, RICHARD J JR 5254 CHELAN COVE				DO NOT WRITE	
LAKE WORTH, FL 33467			IN THIS SPACE		
		_	}		
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.) am familiar with, and accept the obligation por registered element. SIGNATURE 1. The state of Florida.) am familiar with, and accept the obligation por registered element. (NOTE: Registered Agent signature required when reinstating) Out.					
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees	
10. OFFICERS AND DIRECTORS				a la	
NAME STREET ADDRESS	CAIN, BUFFORD			1100000176106	
STRET ADDRESS 2118 W PALMA CIRCLE GITY-ST-ZIP WEST PALM BEACH, FL 33415			1	U00000176185 01/10/05-80078-015 61.25	
TITLE NAME	VDT WETHERILL, ARTHUR				
STREET ADDRESS CITY-ST-ZIP	337 EAST LAKE RD PALM SPRINGS, FL 33461				
TITLE	SDT		1	· · · · · · · · · · · · · · · · · · ·	
NAME BELCHER, SAMUEL STREET ADDRESS 2952 VIA VIZCAYA			DO NOT WRITE		
CITY-ST-ZP LAKE WORTH, FL 33461 TITLE TDT				•	
NAME STREET ADDRESS	, · - ·			IN THIS SPACE	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		. .		
TITLE NAME				<i>,</i>	
STREET ADDRESS CITY-ST-ZIP					
TITLE			-		

12. I hereby certify that the information supplied with this filling does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR