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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712671 (7)

1. Corporation Name
PARK OF THE PALMS.CHURCH, INC.

Principal Place of Business	Mailing Address
PARK OF THE PALMS 708 PALM CIRCLE KEYSTONE HEIGHTS FL 32656	PARK OF THE PALMS 706 PALM CIRCLE KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1967
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1226767 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MACNEILL, WILLIAM G.
757D HILLTOP DR.
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William G MacNeill D — DATE: Feb 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, ERNEST	1.2 NAME	
STREET ADDRESS	507 NW HEBRON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, JAMES	2.2 NAME	
STREET ADDRESS	6793 WOMEN'S CLUB DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MACNEIL, WILLIAM G.	3.2 NAME	
STREET ADDRESS	757D HILLTOP DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BARR, WILLIAM	4.2 NAME	
STREET ADDRESS	635 HEBRON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	FORREST, JOHN	5.2 NAME	
STREET ADDRESS	677 HEBRON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	MOJONNIER, ROBERT W	6.2 NAME	
STREET ADDRESS	722 MOJONNIER WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James E Gilbert PRESIDENT 2/15/95 904-473-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00L033A