FILE NOW: FILING FEE IS $61.25

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90073 045 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712671**

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

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/28/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1226767 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MACNEIL, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, JAMES		1.2 NAME		
STREET ADDRESS	6793 WOMEN'S CLUB DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACNEIL, WILLIAM G.		2.2 NAME		
STREET ADDRESS	757D HILLTOP DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARR, WILLIAM		3.2 NAME		
STREET ADDRESS	635 HEBRON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORREST, JOHN		4. 2 NAME		
STREET ADDRESS	677 HEBRON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, JOHN		5.2 NAME		
STREET ADDRESS	738-A HEBRON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE: SIGNATURE REQUIRED John Dunn 352-473-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)