2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # 712671 1. Entity Name PARK OF THE PALMS.CHURCH, INC. 01-18-2000 90024 028 ****61.25 Principal Place of Business Mailing Address PARK OF THE PALMS PARK OF THE PALMS 706 PALM CIRCLE 706 PALM CIRCLE KEYSTONE HEIGHTS FL 32656-8016 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1226767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - ... 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MACNEILL. WILLIAM G. 757D HILLTOP DR. **KEYSTONE HEIGHTS FL 32656** Zip Code 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE NAME NAME GILBERT, JAMES STREET ADDRESS STREET ADDRESS 6793 WOMEN'S CLUB DR. CITY-ST-ZIP CITY-ST-ZIP **KEYSTONE HGTS, FL 00000** ☐ Change ☐ Addition TITLE □ Delete TITLE NAME MACNEIL; WILLIAM G. NAME STREET ADDRESS STREET ADDRESS 757D HILLTOP DR CITY-ST-ZIP CITY-ST-ZIP KÉYSTONE HGTS, FL 00000 Change Addition Delete TITLE TD TITLE CASSEL, WILLARD E. 151C HILLTOP DRIVE NAME BARR, WILLIAM NAME STREET ADDRESS STREET ADDRESS 635 HEBRON AVE EYSTONE HEIGHTS - 32656 CITY-ST-7IE CITY-ST-ZIP **KEYSTONE HGTS, FL 00000** Change ☐ Addition TITLE SD ☐ Delete TITLE NAME FORREST, JOHN STREET ADDRESS STREET ADDRESS 677 HEBRON AVE. CITY-ST-7IP CITY-ST-ZIP **KEYSTONE HGTS, FL 00000** TITLE ☐ Delete ☐ Change Addition NAME DUNN, JOHN STREET ADDRESS STREET ADDRESS 738-A HEBRON AVE CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HGTS, FL 00000 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 12. 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 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:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Dayling Phone #