2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90109 020 ****70.00

DOCUMENT # 712671

1. Entity Name

PARK OF THE PALMS.CHURCH, INC.

50028931

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
PARK OF THE PALMS 706 PALM CIRCLE KEYSTONE HEIGHTS FL 32656	781 HILLTOP DRIVE APT A KEYSTONE HEIGHTS FL 32656-7612

2. Principal Place of Business	3. Mailing Address
	732 MOJONNIER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT. A
City & State	City & State KEYSTONE HEIGHTS, FL
Zip / Country	Zip 32656-7100 / Country USA

4. FEI Number 59-1226767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORREST, JOHN A
781A HILLTOP DR.
KEYSTONE HEIGHTS FL 32656-7612

7. Name and Address of New Registered Agent

Name JAMES HARVEY

Street Address (P.O. Box Number is Not Acceptable) 732 MOJONNIER WAY, APT. A.

City KEYSTONE HEIGHTS FL Zip Code 32656-7100

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JAMES HARVEY James Harvey 3/14/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, JAMES 6793 WOMEN'S CLUB DR. KEYSTONE HEIGHTS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASSEL, WILLARD E 757C HILLTOP DRIVE KEYSTONE HEIGHTS FL 32656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SD MUCHMORE, DONALD 696 HEBRON AVE., APT. A KEYSTONE HEIGHTS, FL 32656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORREST, JOHN 781A HILLTOPDR. KEYSTONE HEIGHTS FL 32656-7612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNN, JOHN 738-A HEBRON AVE KEYSTONE HEIGHTS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, JAMES 732A MOJONNIER WAY KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: James Harvey JAMES HARVEY, ASST. TREASURER 3/14/05 352-473-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #