2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 712671

Entity Name: PARK OF THE PALMS.CHURCH, INC.

Current Principal Place of Business:

PARK OF THE PALMS
706 PALM CIRCLE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

781 HILLTOP DR
APT B
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-1226767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITTAKER, WOLDEN B
781 HILLTOP DR
APT. B
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GILBERT, JAMES
Address: 732 MOJONNIER WAY, APT B
City-St-Zip: KEYSTONE HEIGHTS, FL 326567100

Title: SD ( ) Delete
Name: MUCHMORE, DONALD
Address: 696 HEBRON AVE APT. A
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete
Name: DUNN, JOHN
Address: 765 HILLTOP DR. APT. B
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: ANDERSON, ELMER
Address: 699 PARK DR, APT. D
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: GILBERT, JAMES
Address: 732 MOJONNIER WAY, APT B
City-St-Zip: KEYSTONE HEIGHTS, FL 326567100

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DUNN, JOHN
Address: 765 HILLTOP DR. APT. B
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: WHITTAKER, WOLDEN B
Address: 781 HILLTOP DRIVE, APT B
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLDEN B. WHITTAKER PRES 01/09/2007

Electronic Signature of Signing Officer or Director — Date