2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712671

FILED Jan 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PARK OF THE PALMS CHURCH 753 HEBRON AVE KEYSTONE HEIGHTS, FL 32656

New Mailing Address: Current Mailing Address:

781 HILLTOP DR 753 HEBRON AVE

KEYSTONE HEIGHTS, FL 32656 APT B

KEYSTONE HEIGHTS, FL 32656

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

VPD () Delete (X) Change () Addition

DUNN, JACK DUNN, JACK Name: Name:

773 HILLTOP DRIVE, APT A Address: 231 MARANATHA RD Address:

City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD () Delete Title: () Change () Addition

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

Title: () Delete Title: (X) Change () Addition

OPPENLANDER, HAROLD NERSHI, MENO Name: Name: Address: 765 HILLTOP DRIVE, APT. A Address: 730 HERBON AVE. APT. B

City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Delete Title: () Change () Addition

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

Title: () Delete Title: () Change () Addition

WHITTAKER, WOLDEN B Name: Name: 781 HILLTOP DRIVE, APT B Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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** 01/26/2009