

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90536 006 ****61.25

DOCUMENT # 712671

1. Entity Name

PARK OF THE PALMS.CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**MACNEILL, WILLIAM G.
757D HILLTOP DR.
KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name **FORREST, John A.**

Street Address (P.O. Box Number is Not Acceptable)

781A Hilltop Drive

KEYSTONE HEIGHTS, FL

City

KEYSTONE HEIGHTS:

FL

Zip Code

32656-7612

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

John A. Forrest

John A. Forrest, Secretary

01/14/03

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

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

TITLE **D** ☐ Delete
NAME **GILBERT, JAMES**
STREET ADDRESS **6793 WOMEN'S CLUB DR.**
CITY-ST-ZIP **KEYSTONE HGTS, FL 00000**

TITLE **D** ☒ Delete
NAME **MACNEIL, WILLIAM G.**
STREET ADDRESS **757D HILLTOP DR**
CITY-ST-ZIP **KEYSTONE HGTS, FL 00000**

TITLE **TD** ☐ Delete
NAME **CASSEL, WILLARD E**
STREET ADDRESS **757C HILLTOP DRIVE**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **SD** ☐ Delete
NAME **FORREST, JOHN**
STREET ADDRESS **677 HEBRON AVE.**
CITY-ST-ZIP **KEYSTONE HGTS, FL 00000**

TITLE **PD** ☐ Delete
NAME **DUNN, JOHN**
STREET ADDRESS **738-A HEBRON AVE**
CITY-ST-ZIP **KEYSTONE HGTS, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **FRAZER, ROBERT**
STREET ADDRESS **635 BETHEL DRIVE**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **FORREST, JOHN**
STREET ADDRESS **781A Hilltop Drive**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656-7612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **HARVEY, JAMES**
STREET ADDRESS **732A Mojonier Way**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

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:

John A. Forrest

JOHN A. FORREST, President

01/14/03

(352) 473-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)