## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#714822**

FILED Jan 25, 2006 Secretary of State

Entity Name: PALM LAKE CHRISTIAN CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 5401 - 22ND AVENUE NORTH ST PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** 5401 - 22ND AVENUE NORTH ST PETERSBURG, FL 33710 FEI Number: 59-0875703 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWE, BILLY L 501 - 1ST AVENUE NORTH SUITE 900 ST PETERSBURG, FL 33701 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DOWNS, MELANIE Name: Name: 5950 3RD AVENUE NORTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SPARKS, MELISSA Name: Address: 1100 102ND AVENUE NORTH, 110 Address: City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DEAN, KENNETH CHARLES, POPE Name: Name: 8333 SEMINOLE BLVD, 552E Address: Address: 5001 21ST AVENUE NORTH City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SAINT PETERSBURG, FL 33710 ( ) Delete Title: VD Title: () Change () Addition BARR, SYLVIA Name: Name: Address: 3301 62ND STREET NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip:

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: MELANIE DOWNS PD 01/25/2006