

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

|                          |                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 714822</b> |  |
|--------------------------|-----------------------------------------------------------------------------------|

1. Entity Name  
**PALM LAKE CHRISTIAN CHURCH, INC.**

Principal Place of Business  
**5401 - 22ND AVENUE NORTH  
ST PETERSBURG, FL 33710**

Mailing Address  
**5401 - 22ND AVENUE NORTH  
ST PETERSBURG, FL 33710**



02212008 No Chg-NP

CR25037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|                                     |                               |
|-------------------------------------|-------------------------------|
| 4. IREI Number<br><b>59-0875703</b> | Applied For<br>Not Applicable |
|-------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**ROWE, BILLY L  
312 LAMARA WAY NE  
ST PETERSBURG, FL 33704**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | PD                      |
| NAME           | BARR, SYLVIA            |
| STREET ADDRESS | 3301 62ND STREET NORTH  |
| CITY-ST-ZIP    | ST PETERSBURG, FL 33710 |

|                |                              |
|----------------|------------------------------|
| TITLE          | SD                           |
| NAME           | SPARKS, MELISSA              |
| STREET ADDRESS | 1100 102ND AVENUE NORTH, 110 |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33716   |

|                |                            |
|----------------|----------------------------|
| TITLE          | TD                         |
| NAME           | CHARLES, POPE              |
| STREET ADDRESS | 5001 21ST AVENUE NORTH     |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33710 |

|                |                            |
|----------------|----------------------------|
| TITLE          | VD                         |
| NAME           | TEMME, REBECCA             |
| STREET ADDRESS | 2814 61ST LANE NORTH       |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33710 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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03/07/08-80015-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #