


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 739863 1. Entity Name PALM GROVE MENNONITE CHURCH, INC.	
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Principal Place of Business 1087 BENEVA ROAD PO BOX 7018 SARASOTA, FL 34232-2406	Mailing Address 1087 BENEVA ROAD PO BOX 7018 SARASOTA, FL 34232-2406
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03152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KEMPF, MICHELLE
11075 CELESTINE PASS
SARASOTA, FL 34240**

**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 restate.)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000866604
04/08/08-80037-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALVIN 1273 CARTER AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YODER, KENNETH 920 HANCOCK AVE. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEMPF, MICHELLE 11075 CELESTINE PASS SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMPF, OLLIE 11075 CELESTINE PASS SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Michelle Kempf *Michelle Kempf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

DATE

(941)379-9085

DAYTIME PHONE #