2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 739863

Entity Name: PALM GROVE MENNONITE CHURCH, INC.

Current Principal Place of Business:

1087 BENEVA ROAD
PO BOX 7018
SARASOTA, FL 342322406

New Principal Place of Business:

1087 BENEVA ROAD
SARASOTA, FL 342322406

Current Mailing Address:

1087 BENEVA ROAD
PO BOX 7018
SARASOTA, FL 342322406

New Mailing Address:

FEI Number: 59-2558959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEMPF, MICHELLE
11075 CELESTINE PASS
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MILLER, ALVIN
Address: 1273 CARTER AVE.
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete
Name: YODER, KENNETH
Address: 920 HANCOCK AVE.
City-St-Zip: SARASOTA, FL 34232

Title: SD ( ) Delete
Name: KEMPF, MICHELLE
Address: 11075 CELESTINE PASS
City-St-Zip: SARASOTA, FL 34240

Title: TD ( ) Delete
Name: KEMPF, OLLIE
Address: 11075 CELESTINE PASS
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILLER, ALVIN
Address: 1273 CARTER AVE.
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHELLE KEMPF SD 02/11/2009

Electronic Signature of Signing Officer or Director — Date