


**2005 NOT-FOR-PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 748123 1. Entity Name PALM-LAKES CHURCH OF CHRIST, INC.	
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Principal Place of Business 4300 PALM AVE HIALEAH, FL 33012	Mailing Address 4300 PALM AVE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1932710	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORES, ANTONIO D
501 NORTH 72 AVENUE
HOLLYWOOD, FL 33024

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLORES, ANTONIO D 501 NORTH 72 AVENUE HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MIRANDA, ALFREDO 1843 N.W. 34 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOPEZ, MIGUEL A 515 WEST PARK DRIVE, #2 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATOS, ELIAS 8903 N.W. 25 AVENUE MIAMI, FL 33147
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 exemption stated in Section 119.07(3)(f), 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: Antonio D. Flores - Antonio D. Flores 02/25/05 305-978-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #