2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 748123

1. Entity Name
PALM-LAKES CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
4300 PALM AVE HIALEAH, FL 33012	4300 PALM AVE HIALEAH, FL 33012

04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1932710
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORES, ANTONIO D
501 NORTH 72 AVNEUE
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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLORES, ANTONIO D
STREET ADDRESS	501 NORTH 72 AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	VP
NAME	MIRANDA, ALFREDO
STREET ADDRESS	1843 N.W. 34 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	LOPEZ, MIGUEL A
STREET ADDRESS	515 WEST PARK DRIVE, #2
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	MATOS, ELIAS
STREET ADDRESS	8903 N.W. 26 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80032-018 61.25

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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: _____ 5-01-06 (305) 696-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #