

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90074 024 \*\*\*\*61.25

**DOCUMENT # 748123**

1. Entity Name

PALM-LAKES CHURCH OF CHRIST, INC.



Principal Place of Business

4300 PALM AVE  
HIALEAH FL 33012

Mailing Address

4300 PALM AVE  
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

FLORES, ANTONIO D  
501 NORTH 72 AVENUE  
HOLLYWOOD FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: FLORES, ANTONIO D  
STREET ADDRESS: 501 NORTH 72 AVENUE  
CITY ST ZIP: HOLLYWOOD FL 33024 ☐ Delete

TITLE: VP  
NAME: MIRANDA, ALFREDO  
STREET ADDRESS: 1843 N.W. 34 STREET  
CITY ST ZIP: MIAMI FL 33142 ☒ Delete

TITLE: S  
NAME: LOPEZ, MIGUEL A  
STREET ADDRESS: 515 WEST PARK DRIVE, #2  
CITY ST ZIP: MIAMI FL 33172 ☒ Delete

TITLE: T  
NAME: MATOS, ELIAS  
STREET ADDRESS: 8903 N.W. 25 AVENUE  
CITY ST ZIP: MIAMI FL 33147 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME: Secretary  
miranda, Alfredo  
STREET ADDRESS: 1843 N.W. 34 St  
CITY ST ZIP: Miami, FL 33142 ☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME: VP  
matos, Elias  
STREET ADDRESS: 8903 N.W. 25 Av.  
CITY ST ZIP: Miami, FL 33147 ☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Antonio D Flores* *February 26, 2007 (305-978-8669)*