

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 22 AM 8:07

DOCUMENT # 763411 (6)

T. Corporation Name

PALM SPRINGS PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address
6491 W. 2ND AVE HIALEAH FL 33012
6491 W. 2ND AVE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1982	3a. Date of Last Report 03/17/1994
4. FEI Number 59-0944374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	26
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent
PEARCE, JOHN J.
1787 W. 79TH ST
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARCE, JOHN J
STREET ADDRESS	1787 W 79TH ST
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	D
NAME	COX, MARY
STREET ADDRESS	11511 NW 50TH PLACE
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	D
NAME	WINGETT, MARY
STREET ADDRESS	6510 W. 5 PLACE
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	S
NAME	EGGLESTON, JEANETTE
STREET ADDRESS	6560 W 24TH CT #14
CITY - ST - ZIP	HIALEAH FL
TITLE	T
NAME	JONES, CAROLE
STREET ADDRESS	290 E. 64TH STR
CITY - ST - ZIP	HIALEAH FL 33013
TITLE	D
NAME	KING, LINDA
STREET ADDRESS	19626 E LAKE DR.
CITY - ST - ZIP	HIALEAH FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR HUDSON, SHIRLEY M.
2.3 STREET ADDRESS	8085 WEST 14 AVE.
2.4 CITY - ST - ZIP	HIALEAH, FL 33014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KING, LINDA
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley M. Hudson SHIRLEY M. HUDSON 6/12/95 (305) 822-5347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)