

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 763411 (6)

1. 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**

3. Date Incorporated or Qualified **05/24/1982** 3a. Date of Last Report **06/22/1995**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-0944374** Applied For
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, JOHN J.
1787 W. 79TH ST
HIALEAH FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEARCE, JOHN J	
STREET ADDRESS	1787 W 79TH ST	
CITY - ST - ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, SHIRLEY M	
STREET ADDRESS	8085 WEST 14 AVE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINGETT, MARY	
STREET ADDRESS	6510 W. 5 PLACE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EGGLESTON, JEANETTE	
STREET ADDRESS	6560 W 24TH CT #14	
CITY - ST - ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, CAROLE	
STREET ADDRESS	290 E. 64TH STR	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, LINDA	
STREET ADDRESS	19826 E LAKE DR.	
CITY - ST - ZIP	HIALEAH FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **7/3/96** (305) 822-5347
 Secretary/Clerk of Session
 Daytime Phone #

CR2E037 (3/96)