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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 6491 W. 2ND AVE, HIALEAH FL 33012
Mailing Address: 6491 W. 2ND AVE, HIALEAH FL 33012-2680

3. Date Incorporated or Qualified: 05/24/1982
3a. Date of Last Report: 08/12/1996
4. FEI Number: 59-0944374
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 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: ROBERT MCCLUAN
82 Street Address (P.O. Box Number is Not Acceptable):
83 5721 W. 3rd AVE.
84 City: HIALEAH FL 85 Zip Code: 33012

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: Robert McCluan (typed) Robert H. McCluan (written) DATE: 4-17-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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	19626 E LAKE DR.	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT MCCLUAN	
1.3 STREET ADDRESS	5721 W. 3rd Ave	
1.4 CITY-ST-ZIP	HIALEAH, FL 33012	
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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeanette Eggleston (typed) Jeanette Eggleston (written) DATE: 4/27/97 (305) 821 4641
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0022850

CR2E037 (9/96)