
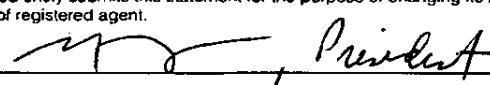
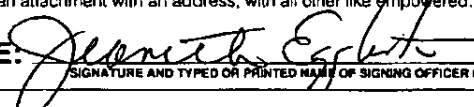


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90018 001 \*\*\*\*61.25

|   |                                    |   |  |   |  |
|---|------------------------------------|---|--|---|--|
| <b>DOCUMENT # 763411</b>  |                                    |   |  |                |  |
| 1. Entity Name<br><b>PALM SPRINGS PRESBYTERIAN CHURCH, INC.</b>   |                                    |   |  |   |  |
| Principal Place of Business<br><b>6491 W. 2ND AVE<br/>HIALEAH FL 33012</b>  |                                    | Mailing Address<br><b>6491 W. 2ND AVE<br/>HIALEAH FL 33012</b>  |  |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                    | City & State  |  | 4. FEI Number<br><b>59-0944374</b>  |  |
| Zip   |                                    | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>KING, MIKE<br/>333 MALLARD RD<br/>WESTON FL 33327</b>   |                                    |   | 7. Name and Address of New Registered Agent                |   |  |
| 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 <br>Signature, typed or printed name of registered agent and title if applicable. <b>President</b>  |                                    |   | DATE <b>2/29/04.</b>                                       |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      |   |  |
| TITLE   | D                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME  | HINER, BARBARA                     |   | NAME   |   |  |
| STREET ADDRESS  | CLERK OF SESSION, 511 W 40TH PLACE |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | HIALEAH FL 33012                   |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                  | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | WINGETT, MARY                      |   | NAME   | Mary Morales <i>Elder</i>   |  |
| STREET ADDRESS  | 6510 W. 5 PLACE                    |   | STREET ADDRESS   | 1598 NW 208th Way   |  |
| CITY-ST-ZIP   | HIALEAH FL 33012                   |   | CITY-ST-ZIP  | Pembroke Pines, FL 33029  |  |
| TITLE   | S                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME  | EGGLESTON, JEANETTE                |   | NAME   |   |  |
| STREET ADDRESS  | 6560 W 24TH CT #14                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | HIALEAH FL                         |   | CITY-ST-ZIP  |   |  |
| TITLE   | T                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME  | JONES, CAROLE                      |   | NAME   |   |  |
| STREET ADDRESS  | 7635 W. 8TH AVE                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | HIALEAH FL 33014                   |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                  | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | KING, LINDA                        |   | NAME   | Isabel Bartol <i>Elder</i>  |  |
| STREET ADDRESS  | 333 MALLARD RD                     |   | STREET ADDRESS   | 165 West 60th Street  |  |
| CITY-ST-ZIP   | WESTON FL 33327                    |   | CITY-ST-ZIP  | Hialeah, FL 33012   |  |
| TITLE   |                                    | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  |                                    |   | NAME   | Fredi Manso <i>Elder</i>  |  |
| STREET ADDRESS  |                                    |   | STREET ADDRESS   | 216 West 64th Terrace   |  |
| CITY-ST-ZIP   |                                    |   | CITY-ST-ZIP  | Hialeah, FL 33012   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                    |   | DATE <b>2/29/04</b><br>Daytime Phone # <b>305-823-0640</b> |   |  |