

# 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 <b>PALM SPRINGS PRESBYTERIAN CHURCH, INC.</b>					
Principal Place of Business <b>6491 W. 2ND AVE HIALEAH FL 33012</b>			Mailing Address <b>6491 W. 2ND AVE HIALEAH FL 33012</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <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  <b>KING, MIKE 333 MALLARD RD WESTON FL 33327</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINER, BARBARA CLERK OF SESSION, 511 W 40TH PLACE HIALEAH FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGETT, MARY 6510 W. 5 PLACE HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Morales Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1598 NW 208th Way Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGGLESTON, JEANETTE 6560 W 24TH CT #14 HIALEAH FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, CAROLE 7635 W. 8TH AVE HIALEAH FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LINDA 333 MALLARD RD WESTON FL 33327 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Isabel Bartol Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 165 West 60th Street Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fredi Manso Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 216 West 64th Terrace 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)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/29/04 305-823-0640 Date Daytime Phone #	