


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-15-2006 90119 004 ****61.25

DOCUMENT # 763411
 1. Entity Name
PALM SPRINGS PRESBYTERIAN CHURCH, INC.



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

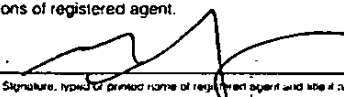
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-0944374** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KING, MIKE
333 MALLARD RD
WESTON FL 33327

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  DATE **3/5/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINER, BARBARA	
STREET ADDRESS	CLERK OF SESSION, 511 W. 40TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	E	<input type="checkbox"/> Delete
NAME	MORALES, MARY	
STREET ADDRESS	1598 NW 208TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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	7635 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	E	<input type="checkbox"/> Delete
NAME	BARTOL, ISABEL	
STREET ADDRESS	165 WEST 60TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	E	<input type="checkbox"/> Delete
NAME	MANSO, FREDI	
STREET ADDRESS	216 WEST 64TH TERRACE	
CITY-ST-ZIP	HIALEAH FL 33012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: **3/26/06** DAYTIME PHONE #: **305-923-0040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

bbuuuuuu



1st MOORE CR2E037 (10/05)