## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 11, 2008 8:00 am Secretary of State **DOCUMENT # 763411** 1. Entity Name 04-11-2008 90042 029 \*\*\*\*61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-0944374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, MIKE Street Address (P.O. Box Number is Not Acceptable) 333 MALLARD RD WESTON FL 33327 City 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 Fiorica. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or proted name of registered agent and their application (NOTE: Bug elsred Agent signature renumbel when renstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2008 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees in the word of the second 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. T:TLE ☐ Delete TITLE President / E ☐ Change Addition Michael King Road FRAGA, JOYCE NAME NAME STREET ADDRESS 115 W. 58TH TERRACE STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Delote TITLE Change Addition EGGLESTON, JEANETTE NAME NAME 6560 W 24TH CT #14 STREET ADDRESS STREET ADDRESS HIALEAH FL . CITY-ST-ZIE CITY-ST-ZIP TITLE Delete Delete ☐ Change Addition \_\_\_\_ HUDSON, SHIRLEY NAME MAME 8085 WEST 14TH AVENUE STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TELE Change Addition BARTOL, ISABEL NAME NAME STREET ADDRESS 165 WEST 60TH ST. STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 103.6 Change ☐ Addition GAGLIOTI, JOE NAME NAME 7356 OAKLAND HILLS DRIVE STREET AUDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZiP SHE ☐ Delete DUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P

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 off) all other like empowered.

SIGNATURE:

30

08