


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90243 038 ****61.25

DOCUMENT # 763411

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

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

~~**MCCLUAN, ROBERT
5721 W 3RD AVE
HIALEAH FL 33012**~~

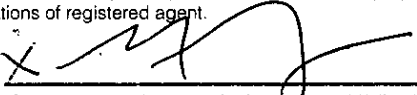
7. Name and Address of New Registered Agent

Name **Mike King**

Street Address (P.O. Box Number is Not Acceptable)
333 Mallard RD.

City **Weston FL** Zip Code **33327**

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) DATE

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	HINER, BARBARA	
STREET ADDRESS	CLERK OF SESSION, 511 W 40TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Jones	
STREET ADDRESS	7635 W 8th Ave	
CITY-ST-ZIP	Hialeah FL 33014	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda King	
STREET ADDRESS	333 MALLARD RD	
CITY-ST-ZIP	WESTON, FL 33327	
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 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:  **4/12/03**

CR2E037 (10/02)