


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000366 1. Entity Name PALM TABERNACLE MINISTRIES, INC.	
---	---

Principal Place of Business 390 FLAMINGO BLVD PORT CHARLOTTE, FL 33954	Mailing Address 390 FLAMINGO BLVD PORT CHARLOTTE, FL 33954
---	---

DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1080695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOWE, MARY 390 FLAMINGO BLVD PORT CHARLOTTE, FL 33954

**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
--	---	-------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, MARY 20341 XITA AVE. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, RICKY E 4820 ALAMETOS TERR N PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISWANDER, BRENDA 2306 MALIBU LN N PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, LAURA 4820 ALAMETOS TERR NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKONKWO, LOUIS 728 MIRADO BLVD PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMANA, JOSEPH 21012 DELAKE AVENUE PORT CHARLOTTE, FL 33954

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: <u>Mary Lowe</u> <u>Mary Lowe</u>	<u>2-24-04</u> <u>941.255-0041</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>