

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000366

FILED
Apr 30, 2009
Secretary of State

Entity Name: PALM TABERNACLE MINISTRIES, INC.

Current Principal Place of Business:

390 FLAMINGO BLVD
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

390 FLAMINGO BLVD
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 65-1080695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, MARY
390 FLAMINGO BLVD
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

MILLER, WAYMON
390 FLAMINGO BLVD
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: WAYMON MILLER

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LOWE, MARY
Address: 3045 ROCK CREEK DR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DP () Delete
Name: SLOAN, RICKY E
Address: 23104 NEWCUN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DS () Delete
Name: NISWANDER, BRENDA
Address: 2306 MALIBU LN
City-St-Zip: N PORT, FL 34286

Title: D (X) Delete
Name: SLOAN, LAURA
Address: 23104 NEWCUN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D (X) Delete
Name: OKONKWO, LOUIS
Address: 728 MIRADO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Delete
Name: UMANA, JOSEPH
Address: 21012 DELAKE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change () Addition
Name: MILLER, WAYMON
Address: 3736 CRAGMONT
City-St-Zip: TAMPA, FL 33619

Title: DVP (X) Change () Addition
Name: NITZ, DAVID
Address: 2801 CORRIE WAY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: CASH, ROGER
Address: 3736 CRAGMONT DRIVE
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYMON MILLER

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date