

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000002089

1. Entity Name  
PALM TREE MINISTRIES, INC.



Principal Place of Business

P O BOX 33128  
PENSACOLA, FL 32508

Mailing Address

P O BOX 33128  
PENSACOLA, FL 32508

**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3759423

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

WILES, REGINA  
1029 RACHEL CIRCLE  
PENSACOLA, FL 32533

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MT  
WILES, REGINA  
1029 RACHEL CIRCLE  
CANTONMENT, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WILES, BRADY  
1029 RACHEL CIRCLE  
CANTONMENT, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WILES, NIKCOLE  
1029 RACHEL CIRCLE  
CANTONMENT, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Regina Wiles* Regina Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

850-937-4643

Daytime Phone #