

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002089

FILED
Jan 13, 2005
Secretary of State

Entity Name: PALM TREE MINISTRIES, INC.

Current Principal Place of Business:

P O BOX 33128
PENSACOLA, FL 32508

New Principal Place of Business:

Current Mailing Address:

P O BOX 33128
PENSACOLA, FL 32508

New Mailing Address:

FEI Number: 59-3759423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILES, REGINA
1029 RACHEL CIRCLE
PENSACOLA, FL 32533 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MT () Delete
Name: WILES, REGINA
Address: 1029 RACHEL CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: WILES, BRADY
Address: 1029 RACHEL CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: WILES, NIKCOLE
Address: 1029 RACHEL CIRCLE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: REGINA WILES

MT

01/13/2005

Electronic Signature of Signing Officer or Director

Date