



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001602		
1. Entity Name PALM CITY CHRISTIAN CHURCH, INC.		
Principal Place of Business 770 SW 34TH STREET PALM CITY, FL 34990	Mailing Address P.O. BOX 187 PALM CITY, FL 34991	
DO NOT WRITE IN THIS SPACE		
		01142007 No Chg-NP CR2E037 (4/06)
4. FEI Number 32-0066642		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 MARSICOVETERE, ROBIN 2975 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990		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 (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAUDIEN, ED 4992 SE MARINER VILLAGE WAY STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MARSICOVETERE, ROBIN 2975 S.W. SUNSET TRACE CIRCLE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORBES, ALLEN 1560 SW DYER POINT RD PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EMMETT, ROY 1939 WINNERS DRIVE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robin Marsicovetere</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-14-07 772-223-4400 <small>Date Daytime Phone #</small>