

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011897

FILED
Mar 16, 2007
Secretary of State

Entity Name: PALMETTO BAY SPORTS MINISTRIES, INC.

Current Principal Place of Business:

8901 SW 168TH ST.
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

8901 SW 168TH ST.
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 20-2065172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN
16625 SW 91ST AVE
PALMETTO BAY, FL 33157 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: TD () Delete
Name: MOORE, G W
Address: 8361 SW 165 TERR
City-St-Zip: PALMETTO BAY, FL 33157

Title: SD () Delete
Name: MOORE, BEVERLY
Address: 8361 SW 165 TERR
City-St-Zip: PALMETTO BAY, FL 33157

Title: PD () Delete
Name: MOORE, JOHN
Address: 16625 SW 91ST AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: D () Delete
Name: GREENE, HERBERT MD
Address: 18550 SW 147 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: GRUSKY, ELLIOT DC
Address: 11400 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GUEST, JAMES M CPA
Address: 15600 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

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:

Title: () Change () Addition
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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 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: JOHN MOORE

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date