


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.(AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 042 \*\*\*\*61.25

<b>DOCUMENT # N04000011897</b>	
1. Entity Name <b>PALMETTO BAY SPORTS MINISTRIES, INC.</b>	

Principal Place of Business <b>8901 SW 168TH ST. PALMETTO BAY FL 33157</b>	Mailing Address <b>8901 SW 168TH ST. PALMETTO BAY FL 33157</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  <b>MOORE, JOHN 16625 SW 91ST AVE PALMETTO BAY FL 33157</b>	
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7. Name and Address of New Registered Agent	
Name <b>G.W. MOORE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8361 SW 165 TERR.</b>	
City <b>MIAMI</b>	Zip Code <b>FL 33157</b>

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 *G.W. Moore* **DIRECTOR** **3/28/08**  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature is required when resigning) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, G W 8361 SW 165 TERR PALMETTO BAY FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, BEVERLY 8361 SW 165 TERR PALMETTO BAY FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JOHN 16625 SW 91ST AVE PALMETTO BAY FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, HERBERT MD 18550 SW 147 AVE MIAMI FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUSKY, ELLIOT DC 11400 SW 88 ST MIAMI FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN REED 16801 SW 79 PL. MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEST, JAMES M CPA 15600 SW 288 ST HOMESTEAD FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CORREN P. YOUNANS 7300 SW 130 ST. MIAMI, FL 33156</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *G.W. Moore* **G.W. MOORE** **3/28/08** **305-253-6537**