


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90032 046 ****70.00

DOCUMENT # N07000000687

1. Entity Name
PALMETTO CHURCH OF GOD, INC.



Principal Place of Business
**1123 VERONICA SHOEMAKER BLVD.
 FT. MYERS, FL 33916**

Mailing Address
**1123 VERONICA SHOEMAKER BLVD.
 FT. MYERS, FL 33916**



2. Principal Place of Business - No P.O. Box #
1123 VERONICA Shoemaker Blvd

3. Mailing Address
1123 VERONICA Shoemaker Blvd

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/08)

City & State
FT. MYERS FL

4. FEI Number
65-049 7066

Applied For
 Not Applicable

Zip
33916

Country
U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MAY, EGBERT REV.
 4102 10 ST. WEST
 LEHIGH ACRES, FL 33971**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Egbert MAY (PASTOR) *Egbert May* **03-30-08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAY, EGBERT | |
| STREET ADDRESS | 4102 10 ST. WEST | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33971 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HENRY, ROBERT | |
| STREET ADDRESS | 152 PRESTON ST. | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PLUMMER, ROY | |
| STREET ADDRESS | 3732 12 ST. WEST | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33971 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Egbert MAY *Egbert May* **03-30-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #