2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N15105

1. Entity Name
PALM SPRINGS METHODIST CHURCH

Principal Place of Business	Mailing Address
5700 WEST 12TH AVE. HIALEAH, FL 33012	5700 WEST 12TH AVE. HIALEAH, FL 33012

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1086918

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUDY, MAHLON K
8224 W 14 AVE
HIALEAH, FL 33014

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

Filing Fee is $61.25
Due by May 1, 2006

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	GARCIA, LUCIANO
STREET ADDRESS	10470 NW 133 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	D
NAME	MEIER, EARLENE
STREET ADDRESS	1805 WEST 63 ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	ROSE, JAMES
STREET ADDRESS	17901 NW 85 AVE.
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	TD
NAME	BURRUS, CHRIS
STREET ADDRESS	20814 NW 1 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	PEREZ, NANCY
STREET ADDRESS	663 WEST 83 DR
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80023-024 70.00

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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: James B Rose Director JAMES B. ROSE, Director 1/17/06 305-885-9405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #