

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23446

FILED
Jan 22, 2009
Secretary of State

Entity Name: PALM MISSIONARY MINISTERIES, INC.

Current Principal Place of Business:

1702 PARK LAKES ROAD
LAKE WALES, FL 338988430

New Principal Place of Business:

Current Mailing Address:

1702 PARK LAKES ROAD
LAKE WALES, FL 338988430

New Mailing Address:

FEI Number: 59-2890077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DARYL A.
1812 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 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: DP () Delete
Name: PATRAY, ARTHUR B
Address: 1702 PARKS LAKE ROAD
City-St-Zip: LAKE WALES, FL 338988430 US

Title: D () Delete
Name: JOHNSON, DARYL A
Address: 1812 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813 US

Title: DT () Delete
Name: QUESENBERRY, III, WILLIAM F MR.
Address: 1315 CAMPO SANO AVENUE
City-St-Zip: CORAL GABLES, FL 331461165 US

Title: D () Delete
Name: COLLINGE, JOANNE MD
Address: APARATO 356
City-St-Zip: ZLHUATANEJO, GRO, ME 40880

Title: D () Delete
Name: BOLL, THOMAS L MR.
Address: 1751 SOUTH PARADISE POINT
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: VOLKHARDT, GLENN MR.
Address: P. O. BOX 39800
City-St-Zip: COLORADO SPRINGS, CO 809499800 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GEIGER, JODI M
Address: 1355 SW APERSON WAY
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR B. PATRAY

DP

01/22/2009

Electronic Signature of Signing Officer or Director

Date