

FILE NOW: FILING FEE IS \$61.25. *Amended*

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N41274</i> 1. Corporation Name <i>Palm Harbor Community Church</i>			
Principal Place of Business <i>455 RIVIERE RD PALM HARBOR FL 34684</i>		Mailing Address <i>455 RIVIERE RD, PALM HARBOR FL 34684</i>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <i>12.13.90</i>		3a. Date of Last Report <i>3.8.96</i>	
4. FET Number <i>59.2040192</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>GONZALES, LARRY J.E., THORNTON TORRENCE & GONZALES 6845 RIDGE RD PORT RICHEY FL 34668</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>700002335327--2 -10/31/97--01081--006</i> 84 City <i>*****61.25</i>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>D LEONARDI SCOTT F</i> STREET ADDRESS <i>8437 ROSELEWOOD CT</i> CITY-ST-ZIP <i>NEW PORT RICHEY FL</i>		11 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME <i>TR WATKINS, RALPH</i> 13 STREET ADDRESS <i>2247 ORANGEPOINT AVE,</i> 14 CITY-ST-ZIP <i>PALM HARBOR FL 34683</i>	
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>D COSBY, ARTHUR D</i> STREET ADDRESS <i>11428 ROWING RIDGE RD</i> CITY-ST-ZIP <i>PALM HARBOR FL</i>		21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME <i>TR HARTER, JOHN</i> 23 STREET ADDRESS <i>2921 VALENCIA LANE E,</i> 24 CITY-ST-ZIP <i>PALM HARBOR FL 34684</i>	
TITLE <input type="checkbox"/> DELETE NAME <i>TR EGGERS, SHIRLEY</i> STREET ADDRESS <i>1584 OHIO AVE.</i> CITY-ST-ZIP <i>PALM HARBOR FL</i>		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Shirley A. Eggers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>SHIRLEY A. EGGERS</i>		<i>10/21/97</i> Date <i>813-789-6764</i> Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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