2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N97000001704 Mar 07, 2007 08:00 AM **Secretary of State** PALM VIEW BIBLE CHURCH, INC. Principal Place of Business Mailing Address 512 61 STREET EAST PALMETTO FL 34221 512 61 STREET EAST PALMETTO FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) Applied For City & State City & Stato 4. FEI Number 65-0113332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANHOPE, GORDON Street Address (P.O. Box Number is Not Acceptable) 311 43RD ST BLVD W. PALMETTO FL 34221 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE PΠ Delete THE ☐ Change NAMI. STANHOPE, GORDON NAME STREET ADDRESS STREET ADDRESS 311 43RD ST BLVD W. CITY-ST-ZIP PALMETO FL 34221 CITY-ST-ZIP 11000000659329 1000 VD ☐ Delete THEF 03/16/07-80026-024**-64-2**5 NAMI. ROWLAND, JOHN NAME STREET ADDRESS 3716 5TH AVE. N. STREET ADDRESS CATY-ST-ZIP PALMETTO FL 34221 CHY-ST-ZIP THIC ☐ Change Addition ☐ Delete HILL NAME ALLIGOOD, CLAYTON NAME STREET ADDRESS STHEET ADDRESS P.O. BOX 994 CITY-ST-74P CITY-ST-ZIP WIMAUMA FL 33598 THE ☐ Change Delete 11111 ☐ Addition STD NAMI: WRIGHT, WILLIAM STREET ADDRESS STREET ADDRESS 1510 7TH ST WEST C1JY-S1-7JP CHY-ST-7/P PALMETTO FL 34221 TIME Defete Change Addillon NAMI. NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CHY-ST-ZIP HILL; ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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 logal offect as if made under earli; 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: 3/2/07 941-733-1790