

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005204

FILED
Jul 06, 2005
Secretary of State

Entity Name: PALM LANE BAPTIST CHURCH, INC.

Current Principal Place of Business:

14909 CALEB DRIVE
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

14909 CALEB DRIVE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0798309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLS, BOBBY R
14909 CALEB DRIVE
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

WILLS, BOBBY R PD
14909 CALEB DRIVE
FT. MYERS, FL 33908 US

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: BOBBY R. WILLS

07/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLS, BOBBY R
Address: 14909 CALEB DR
City-St-Zip: FT MYERS, FL 33908

Title: T () Delete
Name: WILLS, BETTY S
Address: 14909 CALEB DR
City-St-Zip: FT MYERS, FL 33908

Title: T () Delete
Name: GERHARDT, DEBORAH J
Address: RT 1 BOX 71
City-St-Zip: PATTERSON, MO 63956

Title: T () Delete
Name: PALMER, MICHAEL
Address: 13050 HWY 89
City-St-Zip: JAY, FL 325659172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: BOBBY R. WILLS

PD

07/06/2005

Electronic Signature of Signing Officer or Director

Date