## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000000850

FILED Jul 06, 2005 Secretary of State

Entity Na	me: CORA LEE PALMER MINISTRIES, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
301 NE 62ND ST. MIAMI, FL 33138			2340 N.W. 184TH STREET MIAMI, FL 33056	
Current Mailing Address:		New Mailing Address:		
	E PALMER 184TH STREET 33056			
In accordan	: 31-1645444          FEI Number Applied For (  )            FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:			
PALMER, CORA L 301 NE 62ND ST. MIAMI, FL 33138 US		PALMER, CORA L 2340 N.W.184TH STREET MIAMI, FL 33056 US		
	e named entity submits this statement for the purpose e of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			07/06/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete PALMER, CORA L 301 NE 62ND ST. MIAMI, FL 33138	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PALMER, CORA L 2340 N.W.184TH STREET MIAMI, FL 33056	
Title: Name: Address: City-St-Zip:	D () Delete COLEMAN, CHARLEAN 301 NE 62ND ST. MIAMI, FL 33138	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete TUNER, CINDY 2930 NW 192 TERR MIAMI, FL 33056	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () Delete BYRD, GLORIA 433 NE 82ND ST APT #9 MIAMI, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CORA PALMER D 07/06/2005