

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005677

Entity Name: PALM BEACH PRAYER TEAM MINISTRIES, INC.**Current Principal Place of Business:**1197 NORTH LAKE WAY
PALM BEACH, FL 33480**Current Mailing Address:**P. O. BOX 2586
PALM BEACH, FL 33480**FEI Number:** 20-1213382**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MERCK, ADELE S
1197 NORTH LAKE WAY
PALM BEACH, FL 33480 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MERCK, ADELE S
Address	1197 NORTH LAKE WAY
City-State-Zip:	PALM BEACH FL 33480

Title	TD
Name	MERCK, ADELE S
Address	1197 NORTH LAKE WAY
City-State-Zip:	PALM BEACH FL 33480

Title	VPD
Name	HARRIS, REX
Address	2764 HANOVER CIRCLE S.
City-State-Zip:	BIRMINGHAM AL 35205

Title	S
Name	WHITMIRE, CYNTHIA W
Address	12201 AREACA DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	WILLIAMS, HAYWOOD
Address	10821 N. MILITARY TRAIL APARTMENT #21D
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby 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 all other like empowered.

SIGNATURE: ADELE S. MERCK**PRESIDENT****02/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date