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.

D

SIGNATURE: NANCY PEREZ

Electronic Signature of Signing Officer/Director Detail

(

City-State-Zip: HIALEAH FL 33012

Officer/Director Detail :			
Title	D	Title	TD
Name	MEIER, EARLENE	Name	BURRUS, CHRIS
Address	1805 WEST 63 ST	Address	20814 NW 1 ST.
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	PEMBROKE PINES FL 33029
Title	D		
Name	PEREZ, NANCY		
Address	663 WEST 63 DR		

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:

HIALEAH, FL 33012 **Current Mailing Address:**

5700 WEST 12TH AVE.

Current Principal Place of Business:

DOCUMENT# N15105

5700 WEST 12TH AVE. HIALEAH, FL 33012

FEI Number: 59-1086918

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: PALM SPRINGS METHODIST CHURCH

RUDY, MAHLON K 8224 W 14 AVE HIALEAH, FL 33014 US

FILED Jan 20, 2013 Secretary of State CC3232313250

Certificate of Status Desired: Yes

01/20/2013 Date

Date