


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-07-2005 90033 035 ****61.25

DOCUMENT # 758298					
1. Entity Name PHILADELPHIA CHRISTIAN CENTER, INC.					
Principal Place of Business 2170 NW 20TH STREET FT LAUDERDALE, FL 33311			Mailing Address 2170 NW 20TH STREET FT LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2346578 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTHEWS, CLESTER REV 4940 NW 18TH STREET LAUDERHILL, FL 33313			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS, CLESTER		NAME		
STREET ADDRESS	4940 NW 18TH STREET		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL		CITY- ST- ZIP		
TITLE	VD DAVE B. WEBB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7496 NW 3 rd		NAME		
STREET ADDRESS	LAUDERHILL, FL 33319		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS, DOROTHY		NAME		
STREET ADDRESS	4940 NW 18TH STREET		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL		CITY- ST- ZIP		
TITLE	TRUSTEES DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN A. FINDLATER		NAME		
STREET ADDRESS	680 NW 43 rd AVE		STREET ADDRESS		
CITY- ST- ZIP	PLANTATION, FL 33317		CITY- ST- ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMILY F. WEBB		NAME		
STREET ADDRESS	7496 NW 3 rd ST.		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33319		CITY- ST- ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANDACE BROWN		NAME		
STREET ADDRESS	7483 NW 75 th STREET		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC FL 33321		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Austin A. Findlater</i>			Date: 4/18/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					